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**Los Angeles County
Board of Supervisors**

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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

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patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



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September 14, 2011

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE COMMUNITY CLINIC
EXPANSION PROGRAM**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. In addition, your Board requested that the report include information on how the funds that were appropriated two and a half years ago for the Community Clinic Expansion Program (CCEP) program have been spent and how this has impacted services in the Service Planning Areas (SPAs).

HWLA ENROLLMENT STATUS AND TRENDS

HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The current HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of June 30, 2011, the HWLA program had 62,052 individuals enrolled in the program. Table 1 shows a breakdown of the enrollments by SPA.

One of the Department of Health Services' (DHS) immediate goals is to enroll all eligible patients within the DHS operated facilities, Community Partner (CP) clinics, and the Department of Mental Health (DMH) operated clinics into the HWLA Matched Program. In order to help accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment. This "all hands on deck" campaign is to ramp up enrollment utilizing as many DHS staff as possible. Recently, Service Employees International Union (SEIU) has volunteered ten staff members to also assist with enrollment and help sustain the momentum.

During the first nine weeks of Operation Full Enrollment, for the period July 1, 2011 through September 2, 2011, DHS staff was able to telephone or directly speak to 46,531 patients about the new HWLA program. Of those contacted, DHS staff completed the enrollment for approximately 8,600 new HWLA patients.

As demonstrated in Table 2, LAC+USC Medical Center enrolled the highest number of patients during this time period (1,772 patients) and H. Claude Hudson Comprehensive Health Center enrolled the most amongst the ambulatory care clinics (876 patients). The weekly enrollment trends in Table 2 also show that the enrollment has progressively increased. During the first week of July, 500 patients were enrolled and 1,166 patients were enrolled the ninth week of enrollment (end of August/early September).

During this time period, 5,538 new HWLA patients chose CP clinics as their medical home provider (see Table 1). A total of 14,179 new patients were enrolled during the first nine weeks. This is a 23 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011.

HWLA OPERATIONAL PROGRESS

Operation Full Enrollment began during the midst of the new development and organizational re-structuring of the DHS ACN. Despite stringent programmatic requirements, the ACN has made strides, each week, to improve processes and communication between DHS, DMH and CP clinic staff, and patients regarding the HWLA Program and eligibility requirements. Below are the highlights of the process improvement that have already been identified and implemented:

Communication:

- Joint weekly DHS, CP, and DMH conference calls.
- Revised website (www.ladhs.org) to focus on patient and consumer information.

Technical Processes and Support:

- Standardized DHS technical support and response time. Questions are responded to within 24, 48, or 72 hours depending on level of urgency.
- Improved functionality of the web-based enrollment application.

Training Programs:

- The ACN conducted two large "train the trainer" sessions for approximately 275 CP staff.
- Training videos, based on these sessions, have been posted on YouTube and the DHS website.

COMMUNITY CLINIC EXPANSION PROGRAM STATUS UPDATE

On April 22, 2008 your Board adopted an equitable County-wide funding allocation methodology to expand clinic capacity for the Public Private Partnership clinics (now called CP providers). On March 27, 2009, DHS released a Request for Applications (RFA) for agencies seeking to provide expanded primary care services, specialty care services and/or agencies that sought infrastructure funds to build new sites, expand existing sites or purchase equipment to provide services in underserved areas ("under equity SPAs"). On January 12, 2010, your Board approved \$46 million in one-time funding for the CCEP projects. A total of 81 projects were approved (see Table 3) for the January 1, 2010 through December 31, 2012 CCEP period.

Of the 81 projects, 38 include infrastructure projects and all projects include funding for services such as primary and specialty care.

A total of \$8.3 million was allocated for infrastructure and as of July 31, 2011, \$3.5 million has been expended (approximately 43 percent of available funds). Of the 38 infrastructure projects, 17 are completed. The remaining 21 projects are in progress and completion dates range from September 2011 to December 2011. The projects with the longest timelines for completion are school-based projects that are partnerships with Los Angeles Unified School District (LAUSD). These projects have additional funding sources and solicitation processes, which has resulted in slower startups.

A total of \$38.7 million was allocated for primary and specialty care services. Table 3 reflects data from the payment requests that DHS has received as of July 31, 2011. A total of \$11.7 million has been expended, which is approximately 30 percent of available funds. In some cases, providers will not be expending the service allocations until the infrastructure projects are completed. Some CP providers have had a delay in submitting payment requests, however, CPs continue to submit requests. For these reasons, DHS anticipates that most of the services allocation will be expended by the end of the third year of the CCEP.

Overall, 32 percent of the CCEP funding has been expended. At the end of the second year (December 2011), DHS will assess the allocation of primary and specialty care service dollars and reallocate underutilized funds to other CPs across SPAs that have exceeded goals and have the capacity to serve additional patients. In addition, DHS will reallocate unused infrastructure funding to other qualified projects as needed. To date, there has only been one infrastructure project (SPA 6) that has been canceled due to a problem with obtaining permits. The amount of the contract was \$79,595 and this project is not listed in Table 3.

NEXT STEPS

DHS will continue to work collaboratively with CPs and DMH to identify and implement best practices to continue the momentum of enrolling all eligible patients into the HWLA program. The CCEP implementation plan is on-going and DHS continues to monitor the progress of the capital projects/renovations, including equipment and services to ensure that funding is equitably distributed, so that the needs of uninsured and underinsured residents, regardless of geographic area, are met.

As directed by your Board, DHS will provide monthly status reports with data regarding enrollment trends for HWLA. The target date for the next status report is October 14, 2011.

If you have any questions, please contact me or Dr. Alexander Li, Chief Executive Director of the Ambulatory Care Network, at (213) 240-8344.

MHK:JFS:rm

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health

TABLE 1



HWLA Medical Homes by Date of Enrollment and SPA of Week Ending September 2, 2011

	Old HWLA Program (Enrolled 9/1/07 - 6/30/11)	New HWLA Program (Enrolled 7/1/11 or later)*			
		DHS	CP	TOTAL	
SPA of Residence	Number Enrolled	Number Enrolled	Number Enrolled	Number Enrolled	Percent Increase in Enrollment
1 (Antelope Valley)	6,732	529	176	705	10%
2 (San Fernando)	10,583	1,478	806	2,284	22%
3 (San Gabriel)	7,450	1,201	932	2,133	29%
4 (Metro)	9,502	1,186	1,345	2,531	27%
5 (West)	1,184	155	272	427	36%
6 (South)	9,502	1,780	830	2,610	27%
7 (East)	8,765	1,175	740	1,915	22%
8 (South Bay)	7,855	1,101	396	1,497	19%
Other/Unknown	479	36	41	77	16%
Total	62,052	8,641	5,538	14,179	23%

*Members enrolled by DHS, DMH and Community Partners. "Number Enrolled" is based on the Medical Home selected by the HWLA member and therefore DMH enrollments are included in both the DHS and CP sites.

TABLE 2



OPERATION FULL ENROLLMENT
Data Report - DHS Enrolling Sites
Week Ending September 4, 2011

	Enrollment									Total Enrollment
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	
DHS Enrolling Sites	7/1-7/11	7/12-7/18	7/19-7/24	7/25-7/31	8/1-8/7	8/8-8/14	8/15-8/21	8/22-8/28	8/29-9/4	
BELLFLOWER HC	37	12	26	27	10	5	6	3	15	141
EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	24	14	291
EL MONTE CHC	61	123	46	124	63	127	124	110	17	795
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	876
H.H. HUMPHREY CHC**	54	62	93	149	13	5	78	35	89	578
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	1,071
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	497
LA PUENTE HC	28	5	5	25	9	19	4	12	4	111
LAC+USC MED CTR	135	123	325	173	120	257	205	201	233	1,772
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	272
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	44	38	48	361
MLK MACC	16	23	8	122	47	107	172	94	174	763
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	213	182	935
RANCHO LOS AMIGOS NRC	11	19	11	26	9	4	9	23	17	129
SAN FERNANDO HC	9	24	31	18	9	38	14	0	0	143
WILMINGTON HC	0	0	0	0	9	10	7	11	1	38
UNKNOWN DHS SITE††	0	0	0	0	1	1	3	45	53	103
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,236	1,166	8,876

* Target is 75% of total patients eligible for HWLA.

** Dollarhide HC inreach and enrollment numbers are reported under Hubert H. Humphrey CHC.

*** High Desert area includes High Desert MACC, South AV, Littlerock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their inreach and enrollment numbers are combined.

†† Enroller's user ID has not yet been identified with an enrollment site

Data Source: Operational Data Storage (ODS)*Data extracted on Mondays and Thursdays. Any exceptions will be noted.**Based on potentially eligible

LAC DHS Office of Planning and Analysis 9/14/2011

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
AMBULATORY CARE NETWORK
CLINIC CAPACITY EXPANSION PROJECT (CCEP)
EXPENDITURE SUMMARY REPORT BY SPA AS OF JULY 31, 2011

TABLE 3

SPA	FUNDING ALLOCATION					EXPENDITURES					PERFORMANCE PERCENTAGE		
	INFRASTRUCTURE	SERVICES			TOTAL CONTRACT	INFRASTRUCTURE	SERVICES			TOTAL CONTRACT	INFRASTRUCTURE	SERVICES	TOTAL CONTRACT
		PRIMARY	SPECIALTY	TOTAL SERVICES			PRIMARY	SPECIALTY	TOTAL SERVICES				
ANTELOPE VALLEY COMMUNITY CLINIC	0	50,760	0	50,760	50,760	0	10,434	0	10,434	10,434		20.56%	20.56%
ANTELOPE VALLEY COMMUNITY CLINIC	350,000	527,904	0	527,904	877,904	350,000	242,802	0	242,802	592,802	100.00%	45.99%	67.52%
ANTELOPE VALLEY COMMUNITY CLINIC	0	280,872	0	280,872	280,872	0	125,114	0	125,114	125,114		44.54%	44.54%
K. SIVAKUMAR MEDICAL CENTER	0	328,248	0	328,248	328,248	0	1,034	0	1,034	1,034		0.32%	0.32%
TARZANA TREATMENT CENTER, INC.	58,890	433,152	0	433,152	492,042	55,173	131,224	0	131,224	186,397	93.69%	30.30%	37.88%
TOTAL SPA 1	\$408,890	\$1,620,936	\$0	\$1,620,936	\$2,029,826	\$405,173	\$510,608	\$0	\$510,608	\$915,781	99.09%	31.50%	45.12%
COMPREHENSIVE COMMUNITY HEALTH CTR.	0	413,976	0	413,976	413,976	0	380,418	0	380,418	380,418		91.89%	91.89%
COMPREHENSIVE COMMUNITY HEALTH CTR.	0	453,456	0	453,456	453,456	0	395,928	0	395,928	395,928		87.31%	87.31%
MISSION CITY COMMUNITY NETWORK, INC.	357,000	747,112	0	747,112	1,104,112	41,554	520,854	0	520,854	562,408	11.64%	69.72%	50.94%
MISSION CITY COMMUNITY NETWORK, INC.	0	351,936	0	351,936	351,936	0	111,766	0	111,766	111,766		31.76%	31.76%
NORTHEAST VALLEY HEALTH CORPORATION	0	143,820	0	143,820	143,820	0	143,820	0	143,820	143,820		100.00%	100.00%
NORTHEAST VALLEY HEALTH CORPORATION	0	40,608	0	40,608	40,608	0	17,766	0	17,766	17,766		43.75%	43.75%
NORTHEAST VALLEY HEALTH CORPORATION	0	99,264	0	99,264	99,264	0	81,592	0	81,592	81,592		82.20%	82.20%
NORTHEAST VALLEY HEALTH CORPORATION	0	106,032	0	106,032	106,032	0	81,310	0	81,310	81,310		76.68%	76.68%
SAMUEL DIXON FAMILY HEALTH CENTERS, INC.	0	88,656	0	88,656	88,656	0	83,768	0	83,768	83,768		94.49%	94.49%
TARZANA TREATMENT CENTER, INC.	0	234,154	0	234,154	234,154	0	200,126	0	200,126	200,126		85.47%	85.47%
VALLEY COMMUNITY CLINIC	93,670	492,278	66,697	558,975	652,645	27,768	439,074	66,697	505,771	533,539	29.64%	89.19%	81.75%
TOTAL SPA 2	\$450,670	\$3,171,292	\$66,697	\$3,237,989	\$3,688,659	\$69,322	\$2,456,422	\$66,697	\$2,523,119	\$2,592,441	15.38%	77.46%	70.28%
ASIAN PACIFIC HEALTH CARE VENTURE, INC.	600,000	419,616	0	419,616	1,019,616	66,309	0	0	0	66,309	11.05%	0.00%	6.50%
BAART COMMUNITY HEALTHCARE	155,580	446,688	0	446,688	602,268	0	89,864	0	89,864	89,864	0.00%	20.12%	14.92%
COMMUNITY HEALTH ALLIANCE OF PASADENA	125,000	1,610,784	0	1,610,784	1,735,784	112,500	179,728	0	179,728	292,228	90.00%	11.16%	16.84%
COMMUNITY HEALTH ALLIANCE OF PASADENA	67,486	534,672	0	534,672	602,158	67,486	107,442	0	107,442	174,928	100.00%	20.09%	29.05%
COMMUNITY HEALTH ALLIANCE OF PASADENA	66,033	355,320	78,504	433,824	499,857	10,164	177,660	0	177,660	187,824	15.39%	50.00%	37.58%
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	750,000	192,888	0	192,888	942,888	0	0	0	0	0	0.00%	0.00%	0.00%
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	0	571,896	0	571,896	571,896	0	135,360	0	135,360	135,360		23.67%	23.67%
EAST VALLEY COMMUNITY HEALTH CENTER, INC.	0	947,520	0	947,520	947,520	0	463,044	0	463,044	463,044		48.87%	48.87%
GARFIELD HEALTH CENTER	0	240,264	0	240,264	240,264	0	115,808	0	115,808	115,808		48.20%	48.20%
HERALD CHRISTIAN HEALTH CENTER	0	196,272	0	196,272	196,272	0	84,506	0	84,506	84,506		43.06%	43.06%
MISSION CITY COMMUNITY NETWORK, INC.	372,440	846,000	0	846,000	1,218,440	31,500	0	0	0	31,500	8.46%	0.00%	2.59%
POMONA VALLEY HOSPITAL MEDICAL CENTER	317,640	676,800	135,360	812,160	1,129,800	130,688	0	0	0	130,688	41.14%	0.00%	11.57%
URDC HUMAN SERVICES CORPORATION	166,991	1,001,664	0	1,001,664	1,168,655	120,877	41,078	0	41,078	161,955	72.39%	4.10%	13.86%
URDC HUMAN SERVICES CORPORATION	0	1,269,000	0	1,269,000	1,269,000	0	305,312	0	305,312	305,312		24.06%	24.06%
TOTAL SPA 3	\$2,621,170	\$9,309,384	\$213,864	\$9,523,248	\$12,144,418	\$539,524	\$1,699,802	\$0	\$1,699,802	\$2,239,326	20.58%	18.26%	18.44%

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		PRIMARY	SPECIALTY	TOTAL SERVICES			PRIMARY	SPECIALTY	TOTAL SERVICES				
CHINATOWN SERVICE CENTER	0	60,912	0	60,912	60,912	0	30,456	0	30,456	30,456		50.00%	50.00%
PEDIATRIC & FAMILY MEDICAL CENTER	0	372,240	0	372,240	372,240	0	186,120	0	186,120	186,120		50.00%	50.00%
TOTAL SPA 4	\$0	\$433,152	\$0	\$433,152	\$433,152	\$0	\$216,576	\$0	\$216,576	\$216,576		50.00%	50.00%
BAART COMMUNITY HEALTHCARE	79,595	588,816	0	588,816	668,411	0	159,236	0	159,236	159,236	0.00%	27.04%	23.82%
BAART COMMUNITY HEALTHCARE	115,177	974,592	0	974,592	1,089,769	0	301,740	0	301,740	301,740	0.00%	30.96%	27.69%
CENTRAL CITY COMMUNITY HEALTH CENTER, INC.	591,500	707,256	0	707,256	1,298,756	532,350	159,988	0	159,988	692,338	90.00%	22.62%	53.31%
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	0	382,392	185,126	567,518	567,518	0	119,850	0	119,850	119,850		31.34%	21.12%
JWCH INSTITUTE, INC.	50,000	101,520	0	101,520	151,520	0	0	0	0	0	0.00%	0.00%	0.00%
JWCH INSTITUTE, INC.	740,000	1,245,312	0	1,245,312	1,985,312	468,372	0	0	0	468,372	63.29%	0.00%	23.59%
SACRED HEART FAMILY MEDICAL CLINIC, INC.	0	138,744	0	138,744	138,744	0	69,372	0	69,372	69,372		50.00%	50.00%
SOUTH CENTRAL FAMILY HEALTH CENTER	215,705	1,000,442	0	1,000,442	1,216,147	194,135	524,520	0	524,520	718,655	90.00%	52.43%	59.09%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	0	104,904	0	104,904	104,904	0	5,640	0	5,640	5,640		5.38%	5.38%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	403,345	473,760	0	473,760	877,105	0	203,510	0	203,510	203,510	0.00%	42.96%	23.20%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	125,000	456,840	0	456,840	581,840	0	0	0	0	0	0.00%	0.00%	0.00%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	0	575,280	0	575,280	575,280	0	217,234	0	217,234	217,234		37.76%	37.76%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	0	737,712	0	737,712	737,712	0	265,456	0	265,456	265,456		35.98%	35.98%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	50,000	483,912	0	483,912	533,912	50,000	89,770	0	89,770	139,770	100.00%	18.55%	26.18%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	0	551,592	0	551,592	551,592	0	113,364	0	113,364	113,364		20.55%	20.55%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	0	446,688	0	446,688	446,688	0	190,820	0	190,820	190,820		42.72%	42.72%
ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC.	142,456	294,408	0	294,408	436,864	0	846	0	846	846	0.00%	0.29%	0.19%
T.H.E. CLINIC, INC.	0	619,272	0	619,272	619,272	0	245,998	0	245,998	245,998		39.72%	39.72%
T.H.E. CLINIC, INC.	296,400	287,640	0	287,640	584,040	256,405	0	0	0	256,405	86.51%	0.00%	43.90%
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC	182,400	551,592	0	551,592	733,992	164,160	100,392	0	100,392	264,552	90.00%	18.20%	36.04%
WATTS HEALTHCARE CORPORATION	0	808,776	0	808,776	808,776	0	309,448	0	309,448	309,448		38.26%	38.26%
WATTS HEALTHCARE CORPORATION	91,200	60,912	0	60,912	152,112	0	0	0	0	0	0.00%	0.00%	0.00%
WATTS HEALTHCARE CORPORATION	182,400	60,912	0	60,912	243,312	0	0	0	0	0	0.00%	0.00%	0.00%
TOTAL SPA 6	\$3,265,178	\$11,653,274	\$185,126	\$11,838,400	\$15,103,578	\$1,665,421	\$3,077,184	\$0	\$3,077,184	\$4,742,605	51.01%	26.41%	31.40%
BIENVENIDOS CHILDREN'S CENTER, INC.	184,946	1,086,264	0	1,086,264	1,271,210	184,946	461,634	0	461,634	646,580	100.00%	42.50%	50.86%
FAMILY HEALTH CARE CENTERS OF GR. LA	0	764,784	0	764,784	764,784	0	334,264	0	334,264	334,264		43.71%	43.71%
FAMILY HEALTH CARE CENTERS OF GR. LA	0	260,568	0	260,568	260,568	0	108,570	0	108,570	108,570		41.67%	41.67%
FAMILY HEALTH CARE CENTERS OF GR. LA	201,364	429,768	0	429,768	631,132	0	0	0	0	0	0.00%	0.00%	0.00%
FAMILY HEALTH CARE CENTERS OF GR. LA	50,124	456,840	0	456,840	506,964	0	0	0	0	0	0.00%	0.00%	0.00%
JWCH INSTITUTE, INC.	0	666,648	0	666,648	666,648	0	332,290	0	332,290	332,290		49.84%	49.84%
JWCH INSTITUTE, INC.	0	324,864	0	324,864	324,864	0	92,308	0	92,308	92,308		28.41%	28.41%
JWCH INSTITUTE, INC.	80,000	1,164,096	0	1,164,096	1,244,096	72,000	424,598	0	424,598	496,598	90.00%	36.47%	39.92%
NORTHEAST COMMUNITY CLINIC	105,500	294,408	0	294,408	399,908	0	0	0	0	0	0.00%	0.00%	0.00%
NORTHEAST COMMUNITY CLINIC	0	324,864	0	324,864	324,864	0	0	0	0	0		0.00%	0.00%
QUEENSCARE CLINICS (FRANCISCAN)	0	947,520	0	947,520	947,520	0	406,080	0	406,080	406,080		42.86%	42.86%
TOTAL SPA 7	\$621,934	\$6,720,624	\$0	\$6,720,624	\$7,342,558	\$258,946	\$2,159,744	\$0	\$2,159,744	\$2,416,690	41.31%	32.14%	32.91%



October 14, 2011

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. This is the second report in response to that motion.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

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collaboration with community and
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HWLA ENROLLMENT STATUS AND TRENDS

HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The current HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of June 30, 2011, the HWLA program had 62,052 individuals enrolled in the program. Table 1 shows a breakdown of the enrollments by SPA.

One of the Department of Health Services' (DHS) immediate goals is to enroll all eligible patients within DHS operated facilities, Community Partner (CP) clinics, and the Department of Mental Health (DMH) operated clinics into the HWLA Matched Program. In order to help accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment. This "all hands on deck" campaign is to ramp up enrollment utilizing as many DHS staff as possible. Over 130 non-HWLA enrollment staff assisted in HWLA enrollment in a part-time or full-time capacity. Staff is used in both the DHS and CP enrollment process, depending on greatest need.

During the first 14 weeks of Operation Full Enrollment, for the period July 1, 2011 through October 9, 2011, over 101,900 telephone or direct patient contacts were made by DHS staff about the new HWLA program. El Monte Comprehensive Health Center (CHC), Hudson CHC, La Puente Health Center (HC), LAC+USC Medical Center, Mid-Valley CHC, MLK Multi-Service Ambulatory Care Center (MACC), Rancho Los Amigos National Rehabilitation Center and San Fernando HC have all exceeded their in-reach contact targets. Of those contacted, DHS staff completed the enrollment for over 14,500 new HWLA patients.

As demonstrated in Table 2, LAC+USC continued to have the highest enrollment during this time period (2,759 patients) and El Monte CHC and H. Claude Hudson CHC enrolled the most among the ambulatory care clinics (1,301 and 1,300 patients respectively). The weekly enrollment trends in Table 2 also show that DHS facilities are maintaining high enrollment levels under Operation Full Enrollment. Weekly enrollment has exceeded 1,000 in 8 of the last 9 weeks, from August 8 to October 9.

Since July 1, CPs have enrolled over 11,600 patients and the Department of Mental Health has enrolled over 870 patients. A total of 27,044 new patients were enrolled during the first 14 weeks. Of the patients enrolled, 14,420 chose a DHS facility as their medical home and 12,624 chose a CP facility as their medical home. (see Table 1). This is a 43 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011.

HWLA OPERATIONAL PROGRESS

The ACN continues to improve processes and communication between DHS, DMH and CP clinic staff, and patients regarding the HWLA Program and eligibility requirements. In addition to the process improvements that have already been identified and implemented, the ACN has shifted and focused resources on the CP approval process in two ways. First, additional resources are being utilized at the Office of Managed Care to get through the backlog of applications already uploaded into WebSphere. The goal is to ensure that the number of applications in the queue that need to be reviewed and dispositioned are at a normal operational level and can be assessed within 5-7 business days. Second, ACN has shifted resources to do on-site review of the paper application backlog. The benefit of this process is that applications meeting the requirements are approved on-site and do not contribute to the queue in WebSphere. This project has resulted in over 600 applications being reviewed.

DHS is also evaluating a longer term enrollment strategy and is working collaboratively with the Department of Public Social Services to utilize LEADER and its webportal, called Your Benefits Now, as a long-term enrollment system. The initial assessment shows that utilizing this system would increase the automation, efficiency and accuracy of HWLA enrollment.

NEXT STEPS

DHS will continue to work collaboratively with CPs and DMH to identify and implement best practices to continue the momentum of enrolling all eligible patients into the HWLA program.

As directed by your Board, DHS will provide monthly status reports with data regarding enrollment trends for HWLA. The target date for the next status report is November 15, 2011.

If you have any questions, please contact me or Dr. Alexander Li, Chief Executive Director of the Ambulatory Care Network, at (213) 240-8344.

MHK:JFS:rm

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health

Table 1



Healthy Way LA

LOS ANGELES COUNTY

HWLA Members by Date of Enrollment and SPA of Medical Home Week Ending October 9, 2011

	Old HWLA Program (Enrolled 9/1/07 - 6/30/11)	New HWLA Program (Enrolled 7/1/11 or later)*			
		DHS	CP	TOTAL	
SPA of Residence	Number Enrolled	Number Enrolled	Number Enrolled	Number Enrolled	% Increase in Enrollment
1 (Antelope Valley)	6,732	933	457	1,390	20.6%
2 (San Fernando)	10,583	2,638	1,976	4,614	43.6%
3 (San Gabriel)	7,450	1,967	1,949	3,916	52.6%
4 (Metro)	9,502	1,896	2,709	4,605	48.5%
5 (West)	1,184	250	630	880	74.3%
6 (South)	9,502	2,925	2,172	5,097	53.6%
7 (East)	8,765	1,924	1,504	3,428	39.1%
8 (South Bay)	7,855	1,839	1,173	3,012	38.3%
Other/Unknown	479	48	54	102	21.3%
Total	62,052	14,420	12,624	27,044	43.6%

*Members enrolled by DHS, DMH and Community Partners. "Number Enrolled" is based on the Medical Home selected by the HWLA member and therefore DMH enrollments are spread across DHS and CP sites.



Healthy Way LA
LOS ANGELES COUNTY

OPERATION FULL ENROLLMENT

Data Report - DHS Enrolling Sites

Week Ending October 9, 2011

	Enrollment														Total Enrollment
	Week 1 7/1- 7/11	Week 2 7/12- 7/18	Week 3 7/19-7/24	Week 4 7/25 - 7/31	Week 5 8/1 - 8/7	Week 6 8/8 - 8/14	Week 7 8/15 - 8/21	Week 8 8/22 - 8/28	Week 9 8/29 - 9/4	Week 10 9/5 - 9/11	Week 11 9/12 - 9/18	Week 12 9/19 - 9/25	Week 13 9/26 - 10/2	Week 14 10/3 - 10/9	
DHS Enrolling Sites															
BELLFLOWER HC	37	12	26	27	10	5	6	3	15	4	7	7	24	0	183
EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	61	50	33	33	29	46	41	546
EL MONTE CHC	61	123	46	124	63	127	124	110	17	3	156	124	133	90	1,301
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	44	91	109	71	109	1,300
H.H. HUMPHREY & DOLLARHIDE**	54	62	93	149	14	5	78	35	89	26	122	96	117	57	997
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	155	187	181	92	111	1,797
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	41	71	71	73	121	874
LA PUENTE HC	28	5	5	25	9	19	4	12	4		24	6	9	11	161
LAC+USC MED CTR	135	123	325	173	120	257	205	201	233	182	196	107	255	247	2,759
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	4	9	57	26	9	377
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	45	38	48	52	69	46	57	57	643
MLK MACC	16	23	8	122	47	107	172	94	174	98	146	121	71	64	1,263
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	221	198	125	211	111	149	120	1,675
RANCHO LOS AMIGOS NRC	11	19	11	26	9	4	11	23	18	25	15	32	34	22	260
SAN FERNANDO HC	9	24	31	18	9	38	14	0	1	51	10	33	17	17	272
WILMINGTON HC	0	0	0	0	9	10	7	11	0		0	0	4	0	41
UNKNOWN DHS SITE	0	0	0	0	0	1	0	0	0	0	0	0	26	37	64
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,236	1,166	843	1,347	1,130	1,204	1,113	14,513

* Target is 75% of total patients eligible for HWLA.

** Hubert H. Humphrey CHC is doing the scanning for Dollarhide HC. Their inreach and enrollment numbers are combined.

*** High Desert area includes High Desert MACC, South AV, Litterock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their inreach and enrollment numbers are combined.



November 14, 2011

**Los Angeles County
Board of Supervisors**

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First District

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Second District

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Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
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TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

FROM:  Mitchell H. Katz, M.D. 
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE COMMUNITY CLINIC
EXPANSION PROGRAM**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. This is the third report in response to that motion.

HWLA ENROLLMENT STATUS AND TRENDS

HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of June 30, 2011, the HWLA program had 62,052 individuals enrolled in the program.

One of the Department of Health Services' (DHS) immediate goals is to enroll all eligible patients within DHS operated facilities, Community Partner (CP) clinics, and the Department of Mental Health (DMH) operated clinics into the HWLA Matched Program. In order to help accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment, which continues to be successful.

During the past 4 months of Operation Full Enrollment, between July 1st through November 6th, over 105,000 telephone or direct patient contacts were made by DHS staff about the new HWLA program.

El Monte, Hudson, and Humphrey Comprehensive Health Centers, and High Desert and MLK Multi-Ambulatory Care Centers have exceeded 1,000 HWLA enrollees. Harbor-UCLA and Olive View Hospitals have exceeded 2,000 enrollments, and LAC+USC has exceeded 3,500 new enrollments. Total new enrollment in DHS has exceeded 18,000. (Attachments)

Since July 1, CPs have enrolled over 16,000 patients and the Department of Mental Health has enrolled over 1,000 patients. A total of more than 37,000 new patients have been enrolled since July 1. This is more than a 50 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011.

Healthy Way LA had a significant presence at this year's CareNow LA event. Ten marketing representatives and supervisors from DHS, along with thirteen staff and member organizers from SEIU Local 721, spoke to over 1,000 participants at the event. In addition, 2,000 brochures were distributed and over 160 patients gave their names and telephone numbers to receive follow-up calls.

HWLA OPERATIONAL PROGRESS

ACN continues to improve processes and communication between DHS, DMH and CP clinic staff, and patients regarding the HWLA Program and eligibility requirements. For example, the HWLA website had over 9,000 hits for the month of October. This is a significant increase from a few hundred prior to the start of Operation Full Enrollment.

NEXT STEPS

DHS will continue to work collaboratively with CPs and DMH to identify and implement best practices to continue the momentum of enrolling all eligible patients into the HWLA program.

DHS, along with DMH and CP representatives continue to work collaboratively with the Department of Public Social Services to define the scope of work in order to utilize LEADER and Your Benefits Now as the future enrollment system for Healthy Way LA.

As directed by your Board, DHS will provide monthly status reports with data regarding enrollment trends for HWLA. The target date for the next status report is December 14, 2011.

Each Supervisor
November 14, 2011
Page 3

If you have any questions, please contact me or Dr. Alexander Li, Chief Executive Officer of the Ambulatory Care Network, at (213) 240-8344.

MHK:sr

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health



Healthy Way LA

LOS ANGELES COUNTY

HWLA Members by Date of Enrollment and by SPA

	Old HWLA Program (Enrolled 9/1/07 - 6/30/11)	New HWLA Program (Enrolled 7/1/11 or later) ¹			
		DHS	CP	TOTAL	
SPA	Number Enrolled	Number Enrolled	Number Enrolled	Number Enrolled	% Increase in Enrollment
1 (Antelope Valley)	6,732	1,247	740	1,987	29.5%
2 (San Fernando)	10,583	3,460	3,029	6,489	61.3%
3 (San Gabriel)	7,450	2,660	2,841	5,501	73.8%
4 (Metro)	9,502	2,457	3,943	6,400	67.4%
5 (West)	1,184	314	898	1,212	102.4%
6 (South)	9,502	3,721	3,088	6,809	71.7%
7 (East)	8,765	2,423	2,167	4,590	52.4%
8 (South Bay)	7,855	2,402	1,858	4,260	54.2%
Other/Unknown	479	51	50	101	21.1%
Total	62,052	18,735	18,614	37,349	60.2%

¹ Members enrolled by DHS, Community Partners, and DMH facilities



OPERATION FULL ENROLLMENT
Data Report - DHS Enrolling Sites
Week Ending November 6, 2011

	Week 1 7/1- 7/11	Week 2 7/12- 7/18	Week 3 7/19-7/24	Week 4 7/25 - 7/31	Week 5 8/1 - 8/7	Week 6 8/8 - 8/14	Week 7 8/15 - 8/21	Week 8 8/22 - 8/28	Week 9 8/29 - 9/4	Week 10 9/5 - 9/11	Week 11 9/12 - 9/18	Week 12 9/19 - 9/25	Week 13 9/26 - 10/2	Week 14 10/3 - 10/9	Week 15 10/10 - 10/16	Week 16 10/17 - 10/23	Week 17 10/24 - 10/30	Week 18 10/31 - 11/6	Total Enrollment
DHS Enrolling Sites																			
BELLFLOWER HC	37	12	26	27	10	5	6	3	15	4	7	7	24	0	3	28	8	9	231
EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	24	14	28	33	29	46	41	34	40	10	71	623
EL MONTE CHC	61	123	46	124	63	127	124	110	17	3	156	124	133	90	67	97	37	55	1,557
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	44	91	109	71	109	43	140	63	85	1,631
H.H. HUMPHREY & DOLLARHIDE**	54	62	93	149	14	5	78	35	89	26	122	96	117	57	31	46	67	67	1,208
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	155	187	173	92	111	94	158	122	137	2,300
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	41	71	71	73	121	84	86	56	55	1,155
LA PUENTE HC	28	5	5	25	9	19	4	12	4		24	6	9	11	3	3	9	8	184
LAC+JSC MED CTR	135	123	325	173	120	257	205	201	233	182	196	107	255	247	165	254	260	260	3,698
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	4	9	57	26	9	3	43	53	49	525
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	45	38	48	52	89	46	57	57	38	77	68	79	905
MILK MACC	16	23	8	122	47	107	172	94	174	98	146	121	71	64	106	91	43	40	1,543
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	217	198	125	211	111	149	157	62	85	208	99	2,162
RANCHO LOS AMIGOS NRC	11	19	11	26	9	5	11	23	17	25	15	28	33	22	12	25	26	34	352
SAN FERNANDO HC	9	24	31	18	9	38	14	0	1	51	10	33	17	17	22	14	26	27	361
WILMINGTON HC	0	0	0	0	9	10	7	11	0		0	0	4	0	0	0	0	0	41
UNKNOWN DHS SITE	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	0	0	0	26
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,195	1,129	838	1,347	1,118	1,203	1,113	767	1,187	1,056	1,075	18,502

* Target is 75% of total patients eligible for HWLA.

** Hubert H. Humphrey CHC is doing the scanning for Dollardale HC. Their inreach and enrollment numbers are combined.

*** High Desert area includes High Desert MACC, South AV, Littlerock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their inreach and enrollment numbers are combined.



December 14, 2011

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District


Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director

**SUBJECT: STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH
PROGRAM (LIHP)**

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public -Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA. We received signed contract amendments from all, but a few Ryan White providers and CPs and will synchronize our transition process with the State and DPH.

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



www.dhs.lacounty.gov

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of November 30, 2011, over 100,000 individuals have been enrolled in the HWLA program.

One of DHS' immediate goals is to enroll eligible patients within DHS operated facilities, CP clinics, and DMH-operated clinics into the HWLA Matched Program. In order to accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment. At the end of November, this intensive "in-reach" campaign, which included phone calls and patient outreach through the use of volunteers officially ended.

The campaign's achievements include almost 150,000 telephone or direct patient contacts made by DHS staff. During this campaign, El Monte, Mid-Valley and Humphrey Comprehensive Health Centers, and High Desert and MLK Multi-Ambulatory Care Centers exceeded 1,000 new HWLA enrollees. Hudson Comprehensive Health Center, Harbor-UCLA Medical Center and Olive View Medical Center exceeded 2,000 new enrollments, and LAC+USC Medical Center exceeded 4,000 new enrollments. Rancho Los Amigos National Rehabilitation Center exceeded 100% of its target enrollment population. Total new enrollment in DHS has exceeded 22,800 (See Attachment 1).

Since July 1, 2011, CPs have enrolled over 21,400 patients and DMH has enrolled over 1,400 patients. More than 45,000 new HWLA patients have been enrolled over the past five months. This is more than a 70 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011. Although Operation Full Enrollment has ended, DHS, the CPs, and DMH continue to enroll all eligible HWLA patients.

Community Partner Update: Feedback from CPs and DHS staff continues to be incorporated. The weekly HWLA support call for stakeholders continues to average 50-60 participants with timely answers and report backs to the group. The website (www.ladhs.org/hwla) continues to be updated with content for providers and staff as well as for patients and the general public. DHS has recently made two modifications to the enrollment and billing process to make it easier for CPs to enroll and cover patients in a manner that is more convenient and timely.

DHS continues to seek feedback from stakeholders through a variety of community clinic and social service meetings. In the past few months, a number of operational issues have been identified and significant progress has been

achieved. As a result of the strain experienced by the CPs from a combination of the managed care Medi-Cal Seniors and Persons with Disability transition and HWLA programmatic requirements, we plan to bring to the Board recommended contract amendments to help ease the process.

Future Steps: Over the past three months, DHS, along with DMH and CP representatives have been working extensively with the Department of Public Social Services on a how to ease the enrollment process for both staff and patients. Representatives have been detailing the content and process flow for LEADER and Your Benefits Now . This is viewed as an important technical improvement from the current enrollment platform. A number of the challenges that have been identified in the existing enrollment process are being addressed in these detailed requirements meetings. The estimated implementation date for the new system is May 2012.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

In the first six months of SPD enrollment (June 1 to December 1, 2011), the net SPD L.A. Care enrollees assigned to DHS primary care providers was over 18,000 (>60% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS, but the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs for the SPD patients, DHS and L.A. Care staff are meeting regularly and working collaboratively to improve our care coordination and care transition processes. We are reviewing the financial impact of the SPD patients and will work with L.A. Care to determine whether or not we should adjust the enrollment target.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

As we transform our system to meet health care reform requirements, improving primary care linkage and specialty care access is critical. For the last six months, DHS staff identified patients seen in DHS specialty care and urgent care clinics, as well as DHS emergency rooms, who did not have a primary care provider. Patients identified in this process are those who no longer need specialty care or who could be more effectively co-managed by the primary care provider and specialist. In collaboration with our CPs, DHS identified and linked approximately 22,000 patients to CPs. We are working with the CPs to determine the final number of patients that actually scheduled and kept primary care appointments with the CPs for the first quarter. Given the strain experienced by the CPs, we will temporarily delay the assignment of the remaining specialty service patients to CPs.

This will enable both DHS and CPs time to review how we can improve this process to link patients back to primary care providers.

DHS, CPs, and L.A. Care are also working together to modify a telehealth technology (eConsult) that enables primary care providers and specialists to exchange consultations in a "store and forward" manner. This is a proven intervention that has worked well in San Francisco and Los Angeles, as well as other safety net and integrated delivery systems.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS will report to the State and CMS progress toward achieving the milestones for Demonstration Year (DY) 7 by March 31, 2012. Attached is a summary of relevant updates for each milestone.

NEXT STEPS

As directed by your Board, DHS will continue to provide monthly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is January 13, 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health



OPERATION FULL ENROLLMENT
Data Report - DHS Enrolling Sites
Week Ending December 11, 2011

		Enrollment																							Total Enrollment	
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23			
DHS Enrolling Sites	7/1-7/11	7/12-7/18	7/19-7/24	7/25-7/31	8/1-8/7	8/8-8/14	8/15-8/21	8/22-8/28	8/29-9/4	9/5-9/11	9/12-9/18	9/19-9/25	9/26-10/2	10/3-10/9	10/10-10/16	10/17-10/23	10/24-10/30	10/31-11/6	11/7-11/13	11/14-11/20	11/21-11/28	11/29-12/4	12/5-12/11			
BELLFLOWER HC	37	12	26	27	10	5	6	3	15	4	7	7	24	0	3	28	8	9	4	20	0	0	0	255		
EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	24	14	28	33	29	46	41	34	40	10	71	38	31	9	39	29	769		
EL MONTE CHC	61	123	46	124	63	127	124	110	17	3	156	124	133	90	67	97	37	55	93	129	27	114	63	1,983		
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	44	91	109	71	109	43	140	63	85	103	88	43	97	128	2,090		
H.H. HUMPHREY & DOLLARHIDE**	54	62	93	149	14	5	78	35	89	26	122	96	117	57	31	46	67	67	82	38	37	35	26	1,426		
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	155	187	173	92	111	94	158	122	137	77	83	56	53	76	2,645		
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	41	71	71	73	121	84	86	56	55	53	42	46	90	54	1,440		
LA PUENTE HC	28	5	5	25	9	19	4	12	4		24	6	9	11	3	3	9	8	10	12	3	9	6	224		
LAC+USC MED CTR	135	123	325	173	120	257	205	201	233	182	196	107	255	247	165	254	260	260	169	191	138	200	108	4,504		
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	4	9	57	26	9	3	43	53	49	18	31	18	53	28	673		
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	45	38	48	52	69	46	57	57	38	77	68	79	59	41	22	49	41	1,117		
MLK MACC	16	23	8	122	47	107	172	94	174	98	146	121	71	64	106	91	43	40	95	14	71	107	60	1,890		
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	217	198	125	211	111	149	157	62	85	208	99	96	138	187	86	88	2,757		
RANCHO LOS AMIGOS NRC	11	19	11	26	9	5	11	23	17	25	15	28	33	22	12	25	26	34	31	44	19	31	15	492		
SAN FERNANDO HC	9	24	31	18	9	38	14	0	1	51	10	33	17	17	22	14	26	27	20	8	18	9	8	424		
WILMINGTON HC	0	0	0	0	9	10	7	11	0		0	0	4	0	0	0	0	0	0	0	0	0	0	41		
UNKNOWN DHS SITE	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	0	0	0	1	0	18	14	91	150		
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,195	1,129	838	1,347	1,118	1,203	1,113	767	1,187	1,056	1,075	949	910	712	986	821	22,880		

* Target is 75% of total patients eligible for HWLA.

** Hubert H. Humphrey CHC is doing the scanning for Dollarhide HC. Their inreach and enrollment numbers are combined.

*** High Desert area includes High Desert MACC, South AV, Little Rock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their inreach and enrollment numbers are combined.

DSRIP DY 7 Milestones			December 2011 update	
Project	Milestone	Category I		
Implement and Utilize Disease Management Registry Functionality	Disease management registry functionality is available in at least one clinic in each of at least 8 DHS facilities.	DHS signed a contract with the new Disease Management Registry (DMR) vendor, i2i, on October 21, 2011. Implementation will begin in January 2012 and continue throughout the Winter and Spring of 2012. DHS will report compliance with the DY7 milestone based on usage of the previous DMR.		
	At least 55% of patients with diabetes, heart failure or asthma seen in the clinics with registry access are entered into the registry.			
	Expand access to NAL by 10% over baseline.	Data on NAL usage rates is being collected and will be trended on a quarterly basis. Current usage is >10% over baseline based on six-month comparison period.		
	Increase by 10% over baseline the number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources.	All facilities have 5010 upgrades; message testing is still in progress.		
	Implement HIPAA 5010 transaction sets to be able to communicate with institutions that are able to receive and send such transactions.	DHS employees require only minimal training on workflow changes related to implementation of HIPAA 5010. DHS is currently in the process of developing a plan to train staff on changes in workflow required for ICD-10 conversion.		
Enhance Urgent Medical Advice	Train staff on the changes in work flow.	As of December 2011, Harbor UCLA, LAC-USC, and Olive View Medical Center continue to report data to CHART (California Hospital Assessment and Reporting Taskforce) as well as to the University Health Consortium (UHC). Rancho reports Functional Independence Measures (FIM) to the Uniform Data System for Medical Rehabilitation; it is in the process of initiating participating with UHC as well.		
	Participate in CHART or other statewide, public hospital or national clinical database for standardized data sharing.	Performance measures are continually reported to senior leadership. DHS public website continues to report quality and patient satisfaction data.		
	Share quality dashboard or scorecard (including patient satisfaction measures) with organizational leadership on a regular basis; post on DHS public website.			
Category II				
Expand Medical Home	Ensure at least 20 primary care providers deliver care using the medical home model.	128 medical home teams (providers and associated nursing/clerical support staff) have been designated and formed. Teams have begun working together, practicing according to the medical home model. By the end of December 2011, 45 teams have undergone simulation training on the medical home model of team-based care delivery.		
	Assign at least 10,000 patients to provider-led medical home teams.	DHS has empaneled 240,000 patients into medical homes in DHS operated clinics.		
	Determine baseline percentage of patients with diabetes, heart failure or asthma with at least one recorded self-management goal.	DHS will await implementation of I2I before collecting and reporting baseline data.		
	Implement a comprehensive risk-reduction program for patients with diabetes mellitus that includes glycemic, blood pressure and lipid control in primary care. Target patients include those with Diabetes related inpatient admissions and those with high risk score (HbA1c + LDL + BP).	A comprehensive risk-reduction program has been implemented among high risk patients with diabetes. DHS will continue to monitor the effects of this program.		
	Expand and document interaction types between patient and health care team beyond one-to-one visits to include group visits, telephone visits, and other interaction types.	Baseline established in June 2011. Individual clinics are increasing their use of "nontraditional" visits in order to more effectively and efficiently serve patients.		
Integrate Physical and Behavioral Health Care	Determine baseline: Blood pressure control among patients with completed stroke who are empaneled at any primary care medical home with registry access.	DHS will await implementation of I2I before collecting and reporting baseline data.		
	Co-locate mental health services with primary care in 4 LAC DHS directly operated or contract facilities.	Five co-location sites are currently operating (El Monte, High Desert, Humphrey, Long Beach, Roybal). Staff recruiting efforts continue at MLK & Mid-Valley. Hudson will be added as a co-location site once adequate space has been identified.		
	Track referrals from primary care providers to on-site mental health professionals to be used at the co-location sites.	Tracking mechanism is in place.		
	Use joint consultations and treatment planning at co-location sites, and coordinate resources to improve patient education, support, and compliance with the medication regimen.	A draft joint consultation policy has been developed; it will be piloted and then further refined in Winter 2012.		
	Integrate depression screening to 15% of enrolled patients with diabetes assigned to co-location sites.	Baseline data will be collected in January 2012. If needed, providers will be further educated regarding indications and methods for screening patients with depression.		
			DHS is working on processes to efficiently collect and report data. Initial data will be available in Winter 2012. Co-located DMH staff are adjusting referral flows in response to high referral volumes at specific co-located clinics in order to achieve mandated access standards for managed care populations.	

Project		DSRIP DY 7 Milestones		December 2011 update	
Category III		Milestone		Category III	
Patient/Care Giver Experience	Undertake the necessary planning, redesign, translation, training, and contract negotiations in order to implement CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) in DY8		DHS is preparing for contract negotiations with the CG-CAHPS survey vendor.		
Care Coordination	Report the following: Numerator: All inpatient discharges from the DPH system of patients age 18 - 75 years with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma) within the demonstration year reporting period Denominator: Number of patients age 18 - 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months Report the following: Numerator: All inpatient discharges from the DPH system of patients age 18 - 75 years with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication within the demonstration year reporting period Denominator: Number of patients age 18 - 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months		The Office of Planning has pulled preliminary data for DY7 metrics. It is working with IT to ensure DHS has the infrastructure needed to report metrics that begin in DY8.		
Preventive Health	Report the following: Numerator: All female patients age 50 - 74 years who had a mammogram to screen for breast cancer within 24 months Denominator: Number of female patients age 50 - 74 years who have visited the DPH system primary care clinic(s) two or more times in the past 12 months Report the following: Numerator: All patients age 50 and older who received an influenza immunization during the flu season (September through February) Denominator: Number of patients age 50 and older who have visited the DPH system primary care clinic(s) two or more times in the past 12 months				
At Risk Populations	Report the following: Numerator: All patients age 18 - 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl) within the demonstration year reporting period Denominator: Number of patients age 18 - 75 years with diabetes mellitus who have visited the DPH system primary care clinic(s) two or more times in the past 12 months Report the following: Numerator: All patients age 18 - 75 years with diabetes whose most recent hemoglobin A1c level is in control (<9%) within the demonstration year reporting period Denominator: Number of patients age 18 - 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months				

Project		DSRIP DY 7 Milestones		December 2011 update	
Project		Milestone	Category IV		
Improve Severe Sepsis Detection and Management		Form DHS wide Sepsis Collaborative	Completed		
		Revise CME approved curriculum used to train ED nurses and physicians in the detection and treatment of severe sepsis and septic shock patients	Completed		
		Train 30% of ED nurses and physicians on severe sepsis and septic shock detection and treatment	Completed and ongoing		
		Create Sepsis Resuscitation Order Set that includes the resuscitation bundle elements.	Completed		
		Allocate resources for expert support	Completed		
		Allocate resources for data collection methodology development	Completed		
		Allocate resources for data collection	Completed		
		Report at least 6 months of data collection on Sepsis Resuscitation Bundle to Safety Net Institute (SNI) for purposes of establishing the baseline and setting benchmarks.	Baseline data collected and validated; ready for reporting to SNI		
		Report the Sepsis Resuscitation Bundle results to the State.	Data collection in process; to be reported to the State at end of DY7 reporting period		
		Develop a mandatory curriculum/ used to train and orient physicians in the insertion of central lines	Completed		
Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention		Provide ongoing education to ICU staff on care of central lines	Completed and ongoing		
		Allocate resources to provide expert support	Completed		
		Allocate resources to develop data collection methodology	Completed		
		Allocate resources to collect data on implementation of central line bundle	Completed		
		Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	Completed		
		Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.	Baseline data collected and validated; ready for reporting to SNI		
		Report CLIP results to the State.	Data from first six months of DY7 to be reported to the State in March 2012		
		Assess understanding of and compliance with 6 SCIP Core measures for identified procedures using UHC Core Measure Data set	Completed		
		Address provider knowledge deficits using a variety of strategies e.g., team training	Completed and ongoing		
		Develop dashboard to compare compliance with SCIP Core measures using UHC Core Measure Data for CDPH targeted procedures	Completed		
Reduce Complications of Surgical Procedures		Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks.	Baseline data collected and validated; ready for reporting to SNI		
		Report results to the State.	Data from first six months of DY7 to be reported to the State in March 2012		

Project		DSRIP DY 7 Milestones	
Venous Thromboembolism (VTE) Prevention and Treatment		Milestone	December 2011 update
		Form DHS VTE prevention collaborative	Completed
		Set general goals and a timeline for construction of and implementation of VTE protocol	Completed
		Allocate resources for expert support	Completed
		Allocate resources to develop VTE data collection methodology	Completed
		Allocate resources to collect data on VTE measures	Completed
		Report at least 6 months of data collection on the VTE management process measures to SNI for purposes of establishing the baseline and setting benchmarks.	Baseline data collected and validated; ready for reporting to SNI
		Report the 5 VTE process measures data to the State.	Data collection in process; to be reported to the State at end of DY7 reporting period



**Los Angeles County
Board of Supervisors**

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Second District

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Third District

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Director

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Chief Medical Officer

John F. Schunhoff, Ph.D.
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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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collaboration with community and
university partners.*



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January 13, 2012

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH
PROGRAM (LIHP)**

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public -Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA. We received signed contract amendments from all but a couple of Ryan White providers and CPs. DHS, DPH and DMH are working closely together to synchronize our transition process with the State.

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with

new programmatic and enrollment requirements commenced on July 1, 2011. As of December 31, 2011, over 110,000 individuals have been enrolled in the HWLA program.

One of DHS' immediate goals is to enroll eligible patients within DHS operated facilities, CP clinics, and DMH-operated clinics into the HWLA Matched Program. In order to accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment that lasted until the end of November 2011. In order to learn from this campaign and to continue to make progress, a survey has been sent to DHS facilities to solicit feedback on the most effective strategies and the most significant barriers in the enrollment process. In addition, the HWLA leadership/management teams and processes remain in place for continue support and monitoring.

At the end of December 31, 2011, Mid-Valley Comprehensive Health Center (CHC), Hubert H. Humphrey CHC, and High Desert Multi-Ambulatory Care Center (MACC) exceeded 1,000 new HWLA enrollees. El Monte CHC, H. Claude Hudson CHC, Martin Luther King MACC exceeded 2,000 HWLA enrollees; and Harbor-UCLA and Olive View Medical Centers exceeded or nearly exceeded 3,000 new enrollments. LAC+USC Medical Center is expected to exceed 5,000 new enrollments shortly. Total new enrollment in DHS has exceeded 25,000 (See Attachment 1).

Since July 1, 2011 CPs have enrolled over 25,000 patients and DMH has enrolled over 1,600 patients. More than 50,000 new HWLA patients have been enrolled over the past six months. This is greater than an 80 percent increase from the total number of enrolled HWLA patients prior to July 1, 2011.

We have also received information from the State's Low Income Health Plan that we can auto-enroll current Los Angeles County General Relief recipients into HWLA. DHS is forming workgroups to analyze and execute a smooth enrollment process for both DHS and the CPs with sensitivity to the enrollee's historical usage of facilities, geographic residency, as well as clinic capacity.

Community Partner Update: Feedback from CPs and DHS staff continues to be incorporated. DHS staff have worked closely with the CPs to ensure that there are multiple forums to discuss operational concerns. For example, we now have enough claims submission and payment data to analyze trends. We are using this information to work closely with CPs to ensure that claims are submitted with all of the necessary information to reduce denials/delays and that payments for completed claims are executed in less than 30 days. Another area of focus includes reviewing submitted HWLA applications within 2 weeks. We continue to host a weekly HWLA support call for stakeholders, which averages about 50-60

participants, to listen to concerns, provide answers, share resources and give regular updates. The website (www.ladhs.org/hwla) continues to be updated with content for providers and staff as well as for patients and the general public.

As a result of the strain experienced by the CPs from a combination of the managed care Medi-Cal Seniors and Persons with Disability transition and HWLA programmatic requirements, we have modified some of the on-going health care reform requirements in the contract with the Board's approval.

Future Steps: Over the past four months, DHS, along with DMH and CP representatives have been working extensively with the Department of Public Social Services on how to utilize the existing functionality and resources of LEADER and Your Benefits Now to improve the HWLA enrollment process for both staff and patients. Representatives have been detailing the content and process flow for these systems. This is viewed as an important technical improvement from the current enrollment platform. The multi-departmental team is identifying and building in solutions to many of the challenges that have surfaced in the existing enrollment process. Due to the extensive level of detail and review required, the initial process has taken about a month longer than anticipated, pushing the implementation date out to early summer of this year, rather than May.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

In the first seven months of SPD enrollment (June 1 to January 1, 2011), the net SPD L.A. Care enrollees assigned to DHS primary care providers was over 20,000 (>67% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS; however the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs of the SPD patients, DHS and L.A. Care staff meet regularly and work collaboratively to improve our care coordination and care transition processes. We will continue to work with L.A. Care to adjust enrollment as needed.

Future Steps: One of ACN's main objectives is to ensure that access to primary care is available for SPD patients who use DHS as their primary source of care. We completed a system wide assessment of medical home capacity. This resulted in empanelment of over 240,000 patients to DHS primary care providers. We now have a means to coordinate and assign enrollment for new patients to our system where capacity exists.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

As we transform our system to meet health care reform requirements, improving primary care linkage and specialty care access is critical. For the last six months, in collaboration with our CPs, DHS identified and linked approximately 22,000 patients to CPs. We are working with the CPs to determine the final number of patients that actually scheduled and kept primary care appointments with the CPs for the first quarter. Given the strain experienced by the CPs, we have halted the assignment of the remaining specialty service patients to CPs until March 2012. This will enable both DHS and CPs time to review how we can improve this process to link patients back to primary care providers.

DHS, CPs, and L.A. Care are also working together to modify telehealth technology (eConsult) that enables primary care providers and specialists to exchange consultations in a "store and forward" manner. This is a proven intervention that has worked well in San Francisco and Los Angeles, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Neurology, Ophthalmology, Orthopedics and Women's Health) to begin work on referral and management guidelines and will soon be testing a beta-version of the eConsult platform.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS will report to the State and CMS progress toward achieving the milestones for Demonstration Year (DY) 7 by March 31, 2012.

NEXT STEPS

As directed by your Board, DHS will continue to provide monthly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is February 14, 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health



LOS ANGELES COUNTY

OPERATION FULL ENROLLMENT
Data Report - DHS Enrolling Sites
Week Ending January 1, 2012

DHS Enrolling Sites	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26	Total Enrollment
	7/1-7/11	7/12-7/18	7/19-7/24	7/25-7/31	8/1-8/7	8/8-8/14	8/15-8/21	8/22-8/28	8/29-9/4	9/5-9/11	9/12-9/18	9/19-9/25	9/26-10/2	10/3-10/9	10/10-10/16	10/17-10/23	10/24-10/30	10/31-11/6	11/7-11/13	11/14-11/20	11/21-11/28	11/29-12/4	12/5-12/11	12/12-12/18	12/19-12/25	12/26-1/1	
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EDWARD R. ROYBAL CHC	10	15	82	41	76	16	13	24	14	28	33	29	46	41	34	40	10	71	38	31	9	39	29	44	37	12	862
EL MONTE CHC	61	123	46	124	63	127	124	110	17	3	156	124	133	90	67	97	37	55	93	129	27	114	63	46	65	41	2,135
H. CLAUDE HUDSON CHC	54	180	63	72	70	99	128	115	95	44	91	109	71	109	43	140	63	85	103	88	43	97	128	64	62	51	2,267
H.H. HUMPHREY & DOLLARHIDE**	54	62	93	149	14	5	78	35	89	26	122	96	117	57	31	46	67	67	82	38	37	35	26	28	21	53	1,528
HARBOR-UCLA MED CTR	26	93	152	89	122	123	163	168	135	155	187	173	92	111	94	158	122	137	77	83	56	53	76	105	93	88	2,931
HIGH DESERT AREA***	1	48	26	59	73	83	44	98	65	41	71	71	73	121	84	86	56	55	53	42	46	90	54	57	40	33	1,570
LA PUENTE HC	28	5	5	25	9	19	4	12	4	4	24	6	9	11	3	3	9	8	10	12	3	9	6	14	13	0	251
LAC-USC MED CTR	135	123	325	173	120	257	205	201	233	182	196	107	255	247	165	254	260	260	169	191	138	200	108	200	167	116	4,987
LONG BEACH CHC	35	53	34	35	32	6	7	46	24	4	9	57	26	9	3	43	53	49	18	31	18	53	28	27	37	9	746
MID-VALLEY CHC & GLENDALE†	1	39	39	65	48	39	45	38	48	52	69	46	57	57	38	77	68	79	59	41	22	49	41	29	14	21	1,181
MLK MACC	16	23	8	122	47	107	172	94	174	98	146	121	71	64	106	91	43	40	95	14	71	107	60	31	125	97	2,143
OLIVE VIEW-UCLA MED CTR	22	34	43	38	114	145	144	217	198	125	211	111	149	157	62	85	208	99	96	138	187	86	88	147	155	120	3,179
RANCHO LOS AMIGOS NRC	11	19	11	26	9	5	11	23	17	25	15	28	33	22	12	25	26	34	31	44	19	31	15	11	14	21	538
SAN FERNANDO HC	9	24	31	18	9	38	14	0	1	51	10	33	4	0	0	0	0	0	20	8	18	9	8	29	10	5	468
WILMINGTON HC	0	0	0	0	9	10	7	11	0	0	0	0	4	0	0	0	0	0	1	0	0	0	0	0	0	0	41
UNKNOWN DHS SITE	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	0	0	0	1	0	18	14	91	0	0	4	154
TOTAL DHS	500	853	984	1,063	825	1,084	1,165	1,195	1,129	838	1,347	1,118	1,203	1,113	767	1,187	1,056	1,076	949	910	712	986	821	832	853	671	25,236

** Hubert H. Humphrey CHC is doing the scanning for Dollardhite HC. Their reach and enrollment numbers are combined.

*** High Desert area includes High Desert MACC, South AV, Litterock, Lake Los Angeles, and AV HC. High Desert MACC is doing the scanning for all facilities in the region, therefore all numbers are combined.

† Mid-Valley CHC is doing the scanning for Glendale HC. Their reach and enrollment numbers are combined.



**Los Angeles County
Board of Supervisors**

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Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

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Chief Medical Officer

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Chief Deputy Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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February 14, 2012

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

**SUBJECT: STATUS REPORT ON HEALTHY WAY LOS ANGELES
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH
PROGRAM (LIHP)**

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA.

At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the newly signed Ryan White-HWLA providers, our total non-DHS HWLA program network represent 62 CP agencies and over 266 clinic sites.

While there have been no significant Ryan White-HWLA transition updates from the State, DHS, DPH and DMH continue to work closely together to synchronize our transition process with the State.

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of February 1, 2012, 114,563 individuals were enrolled in the HWLA program. Of those, 71,042 are in DHS medical homes and 43,521 are in CP medical homes. Between July 1, 2011 and January 31, 2012, DHS facilities have enrolled 28,481 new patients into HWLA, CPs have enrolled 28,527 new patients, and DMH facilities have enrolled 1,820 new patients.

One of DHS' immediate goals is to enroll eligible patients within DHS operated facilities, CP clinics, and DMH-operated clinics into the HWLA Matched Program. In order to accomplish this goal, the newly formed DHS Ambulatory Care Network (ACN) team spearheaded a campaign entitled Operation Full Enrollment that lasted until the end of November 2011. Since the end of Operation Full Enrollment, we have continued to maintain the support infrastructure and monitoring system in place of the enrollment progress.

With the go-ahead from the State, we are looking at the most effective approach to auto-enroll current Los Angeles County General Relief recipients into HWLA. DHS has a team analyzing the GR data and we are also working closely with the Department of Public Social Services (DPSS) to identify this population as well as develop an on-going clinic assignment process. We have begun the discussion with CPs on how to best coordinate this, since this influx of patients will impact all of our clinic capacity. Our goal is to ensure a smooth enrollment process for both DHS and the CPs with sensitivity to the enrollee's historical usage of facilities, geographic residency, as well as clinic capacity.

Community Partner Update: Feedback from CPs and DHS staff continues to be incorporated. DHS staff has worked closely with the CPs to ensure that there are multiple forums to discuss operational concerns. Since the start of the program, we are now beginning to receive some positive feedback on our collective efforts and commitment towards improving the program's eligibility process for CPs.

Future Steps: Over the past five months, DHS, along with DMH and CP representatives have worked extensively with DPSS to create a HWLA enrollment platform in LEADER and Your Benefits Now to improve the process for both staff

and patients. Representatives have been detailing the content and process flow for these systems. This is viewed as an important technical improvement from the current enrollment platform. At present time, the technical team feels that we are on target for an early summer roll out.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

In the first eight months of SPD enrollment (June 1, 2011 to February 1, 2012), the net SPD L.A. Care enrollees assigned to DHS primary care providers was over 20,000 (>67% of our enrollment target of 30,000). The original intent in enrollment planning between DHS and L.A. Care was to enroll SPD patients that have previously received care from DHS; however, the majority of the SPD patients enrolled in DHS are new. In order to meet the service needs of the SPD patients, DHS and L.A. Care staff meets regularly and work collaboratively to improve our care coordination and care transition processes. We will continue to work with L.A. Care to adjust enrollment as needed.

Future Steps: One of ACN's main objectives is to ensure that access to primary care is available for SPD patients who use DHS as their primary source of care. We completed a system wide assessment of medical home capacity. This resulted in empanelment of over 240,000 patients to DHS primary care providers. We now have a means to coordinate and assign new patients to a medical home within our system where capacity exists.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALTY ACCESS

As we transform our system to meet health care reform requirements, improving primary care linkage and specialty care access is critical. For the last six months, in collaboration with our CPs, DHS identified and linked approximately 19,500 patients to CPs. Preliminary sample results from over 3,500 patients contacted, show that CPs were able to schedule around 18% of the patients with a primary care provider. This initiative also provided us an opportunity to flag, verify and update inaccurate patient demographic information. We are now working closely with CP clinical leadership to make the exchanges and process easier.

DHS, CPs, and L.A. Care are also working together to deploy a new telehealth technology (eConsult) which enables primary care providers and specialists to exchange consultations in a "store and forward" manner. This is a proven intervention that has worked well in San Francisco and Los Angeles, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Liver, Neurology

Ophthalmology, Orthopedics and Women's Health) that have begun on working out referral and management guidelines. We recently demonstrated a beta-version of the eConsult platform to providers for further input.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS will report progress toward achieving the milestones for Demonstration Year (DY) 7 to the State and CMS by March 31, 2012.

NEXT STEPS

We have determined that the information in this monthly report would be more effectively communicated on a quarterly basis. Therefore, unless otherwise instructed by your Board, this report will be provided quarterly. The target date for the next status report is April 13, 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health
Public Health



April 13, 2012

**Los Angeles County
Board of Supervisors**

Gloria Molina
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Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LOS
ANGELES ENROLLMENT AND THE 1115 MEDICAID
WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Strategic Planning Deputy Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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On June 14, 2011, your Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way Los Angeles (HWLA) Matched and Unmatched programs. On November 16, 2010, your Board directed the Chief Executive Officer (CEO), the Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions.

**HEALTHY WAY LOS ANGELES – LOW INCOME HEALTH
PROGRAM (LIHP)**

Network Update: On June 14, 2011, your Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts. On September 20, 2011, your Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA.

At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the newly signed Ryan White-HWLA Providers, our total non-DHS HWLA program network represent 60 CP agencies and over 266 clinic sites.

HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals in Los Angeles County. The initial HWLA program began in September 2007. The HWLA program with new programmatic and enrollment requirements commenced on July 1, 2011. As of April 1, 2012, 135,973 individuals were enrolled in the HWLA program. Of those, 77,839 are in DHS medical homes and 58,134 are in CP medical homes.

Upcoming Development: First, with the consent from the State, we are planning to auto-enroll current Los Angeles County General Relief recipients as of June 1, 2012 into HWLA matched program. The estimated number of potential eligible General Relief recipients that qualify for HWLA matched program is around 85,000 to 100,000 individuals. Preliminary analysis has shown that around a quarter of these individuals have used a DHS or Community Partner site for health care services. This population has been a challenge to enroll for many reasons, including the fact that the majority are homeless. As such, many lack identification or a birth certificate or passport. We are working closely with the Department of Public Social Services (DPSS) to establish an on-going auto-enrollment process as well as a communications and outreach plan for the GR population to help increase awareness about coverage and medical home options. We have begun the discussion with CPs on how to best coordinate this since this influx of patients will impact clinic capacity for DHS and CPs.

Secondly, DPSS is completing the programming and development of the HWLA application in Your Benefits Now/ LEADER. As this is being completed, DPSS and DHS will begin developing the training curriculum for DHS, DMH and CP staff. During the month of May, we will begin the process of testing LEADER at DHS, DMH and CP pilot sites, followed by trainings for enrollment workers in June. This is viewed as an important technical improvement from the current enrollment platform. We are on target for an early summer roll out.

HWLA Programmatic Improvement Update: DHS staff has taken an in-depth review of major areas of concern raised by the CPs. We are working on implementing and moving forward a number of HWLA program improvements in order to make the enrollment and claiming process easier, as discussed in detail at the April 11 Health and Mental Health Services Cluster Agenda Review meeting. We will also soon be submitting HWLA contractual amendments that will improve enrollment and claims payment processes for your Board's approval. As part of our overall process improvement and CP outreach efforts, DHS will offer to provide on-site site visits to help identify, assess, train and trouble-shoot issues.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

The Los Angeles County SPD transition from fee-for-service to managed care Medi-Cal is nearly complete. We are about to enter the final month of the transition process. In the first 11 months of SPD enrollment (June 1, 2011 to April 1, 2012), the SPD L.A. Care enrollees assigned to DHS primary care providers was over 27,000 (>90% of our enrollment target of 30,000). DHS and L.A. Care staff meet regularly and work collaboratively to improve our care delivery, coordination and transition processes.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care are working together to deploy a new telehealth technology (eConsult) which enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We are currently on track to begin live user testing of this platform at a few selected DHS and CP pilot sites at the end of April. eConsult is a proven specialty access intervention that has worked well in San Francisco and a cohort of L.A. Care private providers, as well as other safety net and integrated delivery systems. We identified the initial group of specialties (Cardiology, Dermatology, Gastroenterology, Liver, Neurology, Ophthalmology, Orthopedics and Women's Health) as the initial cohort to go-live with this transformative specialty access effort.

As we transform our system to meet health care reform requirements, improving specialty care access points is critical. For the last nine months, in collaboration with our CPs, DHS identified and linked approximately 19,500 patients who are without a primary care provider to CPs. Preliminary results suggest that CPs were only able to schedule around 15% of the patients with a primary care provider. We are now working closely with CP clinical leadership to make the exchanges and process easier for both CPs and DHS.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS submitted its semi-annual DSRIP report to the Department of Health Care Services and CMS on March 31, 2012, detailing progress toward achieving Demonstration Year 7 (FY2011-12) milestones as of the end of 2011. DHS' achievements to date will result in a semi-annual payment of over \$160 million, approximately 70% of the maximum incentive funding available this fiscal year. DHS will fully achieve all remaining milestones, for a payment of an additional ~\$60 million, by the end of the fiscal year. Detailed progress on each individual milestone is provided in the attached DSRIP status update document.

Each Supervisor
April 13, 2012
Page 4

NEXT STEPS

DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is July 2012. If you have any questions, please contact me or Alexander Li, Ambulatory Care Chief Executive Officer, at 213-240-8344.

MHK:sr

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Mental Health

DSRIP DY 7 Milestones		
Project	Milestone	March 2012 update
Category I		
Implement and Utilize Disease Management Registry Functionality	Disease management registry functionality is available in at least one clinic in each of at least 8 DHS facilities.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012 based on roll-out of DHS' existing Disease Management Registry (DMR). Roll-out of the new DMR, i2i, will commence in Spring 2012.
	At least 55% of patients with diabetes, heart failure or asthma seen in the clinics with registry access are entered into the registry.	
Enhance Urgent Medical Advice	Expand access to NAL by 10% over baseline.	DHS is on track to increase nurse advice line calls by 10% over baseline by the end of the Demonstration Year. DHS has already achieved a 10% increase in the number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources.
	Increase by 10% over baseline the number of NAL patient contacts who reported intent to go to the ED for non-emergent conditions but were redirected to non-ED resources.	
Enhance Coding and Documentation for Quality Data	Implement HIPAA 5010 transaction sets to be able to communicate with institutions that are able to receive and send such transactions.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Train staff on the changes in work flow.	DHS is currently in the process of developing plans to train staff on clinical workflow changes that result from HIPAA 5010 and ICD-10 conversions and will report progress on this milestone at the end of the Demonstration Year.
Enhance Performance Improvement and Reporting Capacity	Participate in CHART or other statewide, public hospital or national clinical database for standardized data sharing.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Share quality dashboard or scorecard (including patient satisfaction measures) with organizational leadership on a regular basis; post on DHS public website.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
Category II		
Expand Medical Home	Ensure at least 20 primary care providers deliver care using the medical home model.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012. Primary care clinics continue to train providers on use of the medical home model of team-based care delivery.
	Assign at least 10,000 patients to provider-led medical home teams.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012. Over 240,000 patients have been empaneled into DHS medical homes to date.
Expand Chronic Care Management Model	Determine baseline percentage of patients with diabetes, heart failure or asthma with at least one recorded self-management goal.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Implement a comprehensive risk-reduction program for patients with diabetes mellitus that includes glycemic, blood pressure and lipid control in primary care. Target patients include those with Diabetes related inpatient admissions and those with high risk score (HgA1c + LDL + BP).	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Expand and document interaction types between patient and health care team beyond one-to-one visits to include group visits, telephone visits, and other interaction types.	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year.
	Determine baseline: Blood pressure control among patients with completed stroke who are empaneled at any primary care medical home with registry access.	DHS will await implementation of i2i before collecting and reporting baseline data. DHS will report progress on this milestone at the end of the Demonstration Year.

DSRIP DY 7 Milestones		
Project	Milestone	March 2012 update
Integrate Physical and Behavioral Health Care	Co-locate mental health services with primary care in 4 LAC DHS directly operated or contract facilities.	Milestone fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012: Five co-location sites were operating (El Monte, High Desert, Humphrey, Long Beach, Roybal) at the end of December 2011. Mid-Valley began operations in January 2011. Planning efforts are underway at MLK and Hudson.
	Track referrals from primary care providers to on-site mental health professionals to be used at the co-location sites.	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year.
	Use joint consultations and treatment planning at co-location sites, and coordinate resources to improve patient education, support, and compliance with the medication regimen.	The Ambulatory Care Network is piloting use of a joint consultation protocol and will scale roll-out in May 2012. DHS will report progress on this milestone at the end of the Demonstration Year.
	Integrate depression screening to 15% of enrolled patients with diabetes assigned to co-location sites.	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year. DHS is continuing to educate providers on the importance of routine depression screening.
	Ensure at least 70% of initial behavioral health visit appointment waiting times among patients enrolled in DHS medical homes who meet medical necessity criteria are less than 30 business days.	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year.
Category III		
Patient/Care Giver Experience	Undertake the necessary planning, redesign, translation, training, and contract negotiations in order to implement CG-CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) in DY8	DHS continues to prepare for roll-out of the CG-CAHPS outpatient satisfaction surveys. Current activities include finalizing vendor negotiations and preparing the Board Letter for approval of the revised contract. Once a new contract is approved, DHS will move forward with IT and data collection steps needed to implement surveys. DHS will achieve 100% of this milestone by the end of the Demonstration Year.
Care Coordination	Report the following: Numerator: All inpatient discharges from the DPH system of patients age 18 - 75 years with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma) within the demonstration year reporting period Denominator: Number of patients age 18 – 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year.
	Report the following: Numerator: All inpatient discharges from the DPH system of patients age 18 - 75 years with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication within the demonstration year reporting period Denominator: Number of patients age 18 – 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	

DSRIP DY 7 Milestones		
Project	Milestone	March 2012 update
Preventive Health	Report the following: Numerator: All female patients age 50 - 74 years who had a mammogram to screen for breast cancer within 24 months Denominator: Number of female patients age 50 – 74 years who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	DHS received 50% of incentive funding based on full compliance with this milestone at the mid-year point and will achieve 100% of incentive funding by the end of the Demonstration Year.
	Report the following: Numerator: All patients age 50 and older who received an influenza immunization during the flu season (September through February) Denominator: Number of patients age 50 and older who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	
At Risk Populations	Report the following: Numerator: All patients age 18 - 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl) within the demonstration year reporting period Denominator: Number of patients age 18 – 75 years with diabetes mellitus who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	
	Report the following: Numerator: All patients age 18 - 75 years with diabetes whose most recent hemoglobin A1c level is in control (<9%) within the demonstration year reporting period Denominator: Number of patients age 18 – 75 years with diabetes who have visited the DPH system primary care clinic(s) two or more times in the past 12 months	
Category IV		
Improve Severe Sepsis Detection and Management	Form DHS wide Sepsis Collaborative	Milestones fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Revise CME approved curriculum used to train ED nurses and physicians in the detection and treatment of severe sepsis and septic shock patients	
	Train 30% of ED nurses and physicians on severe sepsis and septic shock detection and treatment	
	Create Sepsis Resuscitation Order Set that includes the resuscitation bundle elements.	
	Allocate resources for expert support	
	Allocate resources for data collection methodology development	
	Allocate resources for data collection	
	Report at least 6 months of data collection on Sepsis Resuscitation Bundle to Safety Net Institute (SNI) for purposes of establishing the baseline and setting benchmarks.	

DSRIP DY 7 Milestones		
Project	Milestone	March 2012 update
	Report the Sepsis Resuscitation Bundle results to the State.	Data will be reported to the state at the end of the Demonstration Year.
Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention	Develop a mandatory curriculum/ used to train and orient physicians in the insertion of central lines	Milestones fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Provide ongoing education to ICU staff on care of central lines	
	Allocate resources to provide expert support	
	Allocate resources to develop data collection methodology	
	Allocate resources to collect data on implementation of central line bundle	
	Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.	
	Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.	
	Report CLIP results to the State.	
Reduce Complications of Surgical Procedures	Assess understanding of and compliance with 6 SCIP Core measures for identified procedures using UHC Core Measure Data set	Milestones fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Address provider knowledge deficits using a variety of strategies e.g., team training	
	Develop dashboard to compare compliance with SCIP Core measures using UHC Core Measure Data for CDPH targeted procedures	
	Report at least 6 months of data collection on SSI to SNI for purposes of establishing the baseline and setting benchmarks.	
	Report results to the State.	
Venous Thromboembolism (VTE) Prevention and Treatment	Form DHS VTE prevention collaborative	Milestones fully achieved at the time of the semi-annual DSRIP report submitted March 31, 2012.
	Set general goals and a timeline for construction of and implementation of VTE protocol	
	Allocate resources for expert support	
	Allocate resources to develop VTE data collection methodology	
	Allocate resources to collect data on VTE measures	
	Report at least 6 months of data collection on the VTE management process measures to SNI for purposes of establishing the baseline and setting benchmarks.	

DSRIP DY 7 Milestones		
Project	Milestone	March 2012 update
	Report the 5 VTE process measures data to the State.	Data will be reported to the state at the end of the Demonstration Year.



Health Services
LOS ANGELES COUNTY

July 16, 2012

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director



SUBJECT: **STATUS REPORT ON HEALTHY WAY LA
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

On June 14, 2011, the Board instructed the Chief Executive Officer and the Director of Health Services to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched and Unmatched programs. On November 16, 2010, the Board directed the Chief Executive Officer (CEO), the Interim Director of the Department of Health Services (DHS), and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become a quarterly report.

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Network Update: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

On September 20, 2011, the Board delegated authority to DHS to execute amendments to existing HWLA-Matched agreements and to offer new HWLA-Matched agreements, to accommodate the transition of current Ryan White Care Act program clients to HWLA. The Board approved additional amendments to HWLA CP contracts to make programmatic improvements on June 19, 2012. Separate DHS Board reports have detailed the transition of Ryan White patients to HWLA.

Our current non-DHS HWLA program network includes 61 CP agencies and 187 clinic sites.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
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Overall HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for eligible individuals who potentially will be eligible for Medi-Cal with the expansion of Medicaid coverage in 2014.

In partnership with our CP clinics, DMH, and the Department of Public Social Services (DPSS), DHS has enrolled 200,924 low-income County residents into HWLA as of June 30, 2012. Of those, 77,215 are in DHS medical homes, 83,230 are in CP medical homes.

Update on General Relief Enrollment into HWLA Program: With consent from the State, we started to auto-enroll eligible Los Angeles County General Relief (GR) recipients into the HWLA-Matched program on June 1, 2012. Approximately 65,000 eligible GR recipients qualified for the HWLA-Matched program in the month of June. Preliminary analyses have shown that around a quarter of these individuals have used a DHS or CP site for health care services in the past. Approximately 40,000 GR recipients were enrolled without a medical home and we are working with them to select a preferred site. However, many are homeless, so we could not contact or send them the HWLA benefits package. We continue to work closely with DPSS to establish an on-going auto-enrollment process, as well as with social service and community advocates to establish a communication and outreach plan for the GR population to increase awareness about coverage and medical home options. We also have had a number of discussions with CPs to coordinate this transition, since this influx of GR patients will impact DHS and CP clinic capacity.

Your Benefits Now/LEADER Implementation: DPSS completed the programming and development of the HWLA application in Your Benefits Now (YBN)/LEADER. DPSS and DHS implemented a training curriculum for DHS, DMH and CP staff. Based on feedback from CPs, DHS and DPSS made the decision to delay YBN implementation to July 16, 2012 and provided additional in-person, web-based and video training options. YBN is an important technical improvement from the current enrollment platform because it is easy to use and integrates with multiple databases to assist with the enrollment process and review of the applications.

HWLA Programmatic Update: We recently re-structured the HWLA management team. Quentin O'Brien, the new Chief Operating Officer of the Ambulatory Care Network, will oversee the HWLA program; Shari Doi-Hatcher will now be the new HWLA/LIHP Operations Manager and Amy Luftig-Viste will serve as the key liaison between DHS and CPs.

We have made tremendous progress in resolving major areas of concern raised by the CPs. In the last couple of months, we worked closely with the CPs and Community Clinic Association of Los Angeles County to develop a joint plan, which has been shared and reviewed with the health deputies in recent meetings. DHS has also conducted a number of on-site visits to help identify, assess, train and problem solve CP operational challenges as they relate to enrollment and/or billing. We are actively working on implementing and moving forward with a number of HWLA program improvements in order to make the enrollment and billing process easier.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

The Los Angeles County SPD transition from Fee-For-Service to managed care Medi-Cal was completed on May 30, 2012. During the past year, 36,060 L.A. Care SPD members were assigned to DHS primary care providers. However, since many of the SPD patients that were auto-assigned to DHS had a prior relationship with a non-DHS provider, our final May SPD enrollment number was 26,471. DHS and L.A. Care continue to meet regularly and work collaboratively to improve our care delivery, coordination and transition processes.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care are working together to deploy a new telehealth technology (eConsult) which enables primary care providers and specialists to exchange consultations in a “store and forward” manner. eConsult is a proven specialty access intervention that has worked well in San Francisco, and a cohort of L.A. Care private providers, as well as in other safety net and integrated delivery systems. We began the eConsult roll-out on July 8, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology Ophthalmology, Orthopedics and Women's Health. Our current plan is to roll out eConsult to all DHS clinics and over 50 CP clinics by the end of the year.

As we transform our system to meet health care reform requirements, improving specialty care access points is critical. In collaboration with our CPs, DHS identified approximately 19,500 patients in specialty care clinics in the Fall of 2011 who were without a primary care provider and linked them to CPs. However, CPs were only able to schedule around 15% of the patients with a primary care provider. We worked closely with CP clinical leadership to make the exchanges and process easier for both CPs and DHS. For this past quarter, we provided CPs with nearly 5,000 patients from our specialty clinics who were without a primary care provider and will track the results closely.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS is in the process of gathering data from the close of FY 2011-12 and will be submitting to the State and CMS progress toward achieving remaining Demonstration Year (DY) 7 milestones by the end of September. DHS still anticipates that it will be able to achieve 100% of the remaining funding available for this DY. A full progress report for DY7 will be available in October 2012. Simultaneously, DHS is shifting efforts toward DY8 milestones. As with DY7, we are targeting 100% achievement of all DSRIP milestones in this new Fiscal Year to maximize available funding.

NEXT STEPS

As directed by your Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is October 2012. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at (213) 240-8344.

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c: Chief Executive Office
 County Counsel
 Executive Office, Board of Supervisors
 Department of Mental Health
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Deputy Director, Strategic Planning

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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October 15, 2012

TO: Supervisor Zev Yaroslavsky, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **STATUS REPORT ON HEALTHY WAY LA
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched and Unmatched programs. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the newly signed Ryan White/HWLA providers, our total non-DHS HWLA program network now represents 61 CP agencies and 186 clinic sites. Through the RFI that was released in January 2012, there are three additional agencies (with a total of eight new sites) that are currently being added to the program. We anticipate these agencies will complete the process to become HWLA matched CP agencies within the next month. We are also in the process of issuing a new RFI to solicit additional agencies to participate as HWLA matched providers.

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We have also re-structured and sought to improve our programmatic relationship with CPs. Each CP now has an assigned program advocate. The program advocate is there to help resolve and clarify issues as they arise. The initial feedback from CPs on this change has been positive.

Overall HwLA Performance by Community Partners: Although the HwLA program has experienced a number of operational challenges during the first year, DHS and CPs have worked together to solve problems and make the program a success. Through HwLA (Unmatched and Matched), the CPs have provided more visits, received more reimbursement overall, and received more reimbursement per visit compared to the prior fiscal year. As of August 31, 2012, DHS received 667,130 primary care visit claims for the HwLA matched and unmatched program for FY 2011-12 from the CPs, a 26% increase over the prior fiscal year. DHS has reimbursed the CPs approximately \$69.7M for these claims, a 38% increase over the prior fiscal year. Since the Matched visits at CPs are paid at the State approved Medicaid prospective payment rate, the average amount per claim for primary care for the HwLA program has increased from \$95 in FY 2010-11 to over \$104 in FY 2011-12.

Your Benefits Now/LEADER Implementation: HwLA enrollment transitioned from Websphere to Your Benefits Now/LEADER (YBN/LEADER) on July 16, 2012. YBN/LEADER is an important technical improvement from the prior enrollment platform because it is a more user-friendly electronic based system and it integrates with multiple databases to assist with enrollment and application processing. YBN/LEADER will also facilitate an easier transition of the HwLA Matched population into Medi-Cal in 2014.

Unfortunately, the conversion to the new system caused delays in enrollment for DHS and CPs, and in DHS' application and redetermination processing. DHS and DPSS have worked through a number of critical technical issues. The two departments continue to work on resolving some remaining non-critical technical issues with YBN/LEADER.

While DHS staff was learning the new YBN/LEADER system, application processing slowed down, which consequently impacted enrollment totals. In addition, some clean-up work was required due to data entry errors made using the prior enrollment platform that were discovered in the conversion process. We have re-directed staff from other areas as well as provided overtime for a number of staff to assist with processing the data clean up and application reviews.

One key functional improvement of YBN/LEADER is the ability to generate automated redetermination notifications to HwLA Matched members. This includes a reminder notification to patients 60 days prior to the end of their eligibility period and a final notification 10 days prior to the end of the eligibility period. This automated process, new to both staff and patients, has caused some confusion. For example, there were patients who were not aware of the need for redetermination, the process and time frame. In

addition, some patients experienced significant waits at DHS and CP facilities as staff attempted to assist patients with the redetermination process.

Update on General Relief Enrollment into HWLA Program: With consent from the State, we auto-enrolled eligible Los Angeles County General Relief (GR) recipients into the HWLA-Matched program on June 1, 2012. Since the beginning of June, 99,657 eligible GR recipients qualified for the HWLA-Matched program and have been auto-enrolled into the program. Preliminary analyses have shown that around a quarter of these individuals used a DHS or CP site for health care services in the past. We continue to work closely with DPSS for the on-going auto-enrollment and redetermination process as well as with social service and community advocates to outreach to the GR population to help increase awareness about coverage and medical home options. We also have had a number of discussions with CPs to coordinate this transition, since this influx of GR patients will impact DHS and CP clinic capacity.

Due to both the transition to YBN/LEADER, redetermination volume and the auto-enrollment of the GR population, HWLA Member Services has seen a 70% increase in calls, from approximately 21,700 calls in June to 36,900 calls in August of this year. The HWLA Member Services unit, as well as DHS and CP front line staff are working to educate patients and be responsive to questions such as how to enroll in HWLA, find a medical home, and HWLA benefits.

Overall HWLA Enrollment Status and Trends: HWLA is part of the California Health Care Coverage Initiative that seeks to expand health care coverage for individuals who may be eligible for Medi-Cal with the expansion of Medicaid coverage in 2014.

Enrollment into HWLA is 197,529 as of August 30, 2012. Of those, 66,220 are in DHS medical homes, 72,277 are in CP medical homes. There are also 59,032 auto-enrolled GR HWLA patients that we are working with to select a preferred medical home site. There was a decrease in HWLA enrollment from July to August 2012, which was primarily due to a combination of the inability to re-determine HWLA members who were enrolled a year ago under "Operation Full Enrollment" and the overall system (DHS and CP) slowdown during the YBN/LEADER transition. Unfortunately, we could not renew 36,764 HWLA members prior to them losing eligibility; therefore they were disenrolled. We are developing outreach strategies to facilitate the redetermination of those who lost their HWLA eligibility as quickly as possible.

DHS is also looking at strategies to maintain enrollment of existing HWLA members who are approaching their redetermination dates. Strategies include making the redetermination process easier and faster and committing more County staff to assist with the redetermination process.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

The Los Angeles County SPD transition from Fee-For-Service to managed care Medi-Cal was completed on May 30, 2012. Over the 12 month period, 36,060 L.A. Care SPD members were assigned to DHS primary care providers. However, since many of the SPD patients that were auto-assigned to DHS had a prior relationship with a non-DHS provider, our final May SPD enrollment number was 26,471. DHS' overall SPD enrollment as of August 31, 2012 was 27,335. DHS and L.A. Care staff continue to meet regularly and work collaboratively to improve care delivery, coordination and transition processes, as well as review our efforts to retain these patients.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult, a new approach and technology for specialty care access. eConsult enables primary care providers and specialists to exchange consultations in a "store and forward" manner. eConsult is a proven specialty access intervention that has worked well in San Francisco, a cohort of L.A. Care private providers, as well as in other safety net and integrated delivery systems. We began the eConsult roll-out on July 18, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology and Obstetrics. Our current plan is to roll-out eConsult to all of DHS clinics and over 50 CP clinics by the end of the year and add additional specialties along the way.

As we transform our system to meet health care reform requirements, improving specialty care access points is critical. In collaboration with our CPs, DHS identified approximately 24,000 patients in specialty care clinics in the Fall of 2011 who were without a primary care provider and linked them to CPs. However, CPs were only able to schedule around 20% of the patients with a primary care provider. We continue to work closely with CP clinical leadership to make the transition process easier for both CPs and DHS.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS fully achieved 100% of the milestones for FY 2011-12, Demonstration Year (DY) 7. A detailed report was sent to the Department of Health Care Services (DHCS) in late September. As a result of 100% achievement of all DY7 milestones, DHS will receive all remaining incentive payments, totaling approximately \$59M in net incentive funding from CMS. DHS is now actively working on achieving all milestones associated with DY8; the first semi-annual report will be submitted in March 2013, with expected payment for milestones achieved at the mid-year point in the Spring.

DHS also continues to work with DHCS and CMS on finalizing the proposal, already approved by the Secretary of HHS in concept, for the addition of a DSRIP Category 5, which contains projects targeted at patients with HIV. Payment for reaching the agreed

milestones will help to support the transition of Ryan White patients to the LIHP during FY 2012-13. Once remaining technical details are resolved, DHS will submit its formal plan in the Fall with an initial set of milestones to be achieved by December 31, 2012. This plan is in near-final form, having benefitted from the input of internal and external stakeholders and HIV advocates, and implementation work has already begun in order to ensure that DHS meets upcoming deadlines.

NEXT STEPS

As directed by your Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is January 2013. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at (213) 240-8344.

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January 15, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

M. Mahajan

SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY LA
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched and Unmatched programs. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates. This report serves as a post-2012 review and includes a summary of our actions moving forward.

HEALTHY WAY LA – LOW INCOME HEALTH PROGRAM

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Services. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA program, we had agreements with 54 CP agencies representing 154 clinic sites. With the Ryan White/HWLA transition and a recently completed Request for Information (RFI) process, our total non-DHS HWLA program network now consists of 63 CP agencies and 197 clinic sites. We recently completed our provider orientation for the three additional agencies who were added to our network through the RFI. In addition, we recently completed our programmatic audit of all of the existing HWLA CPs. The vast majority of CPs passed their audit without significant issues identified.

Our programmatic relationship with the CPs continues to improve. Each CP and DHS clinic has an assigned program advocate who is there to clarify programmatic updates, help resolve issues, and troubleshoot them

as they arise. Last month we added one additional program advocate to help ensure that each clinic can get more attention from their advocates. The feedback from CPs thus far on the program advocates have been positive and this relationship will enable us to work on creating a more cohesive L.A. County safety net system as the Affordable Care Act expands and evolves over time.

Overall HWLA Enrollment: Since the last board report, we have increased our total enrollment from 197,529 individuals as of end of August 2012 to nearly 215,000 individuals at the close of calendar year 2012. Approximately 140,000 HWLA patients are assigned to DHS medical homes and 75,000 assigned to CPs.

HWLA Redetermination: On January 7, 2013, DHS, in partnership with the Department of Public Social Services (DPSS), announced the beginning of the new HWLA Redetermination Mail-in Unit. This unit, which will accept redetermination paperwork by mail, email and fax, was created to handle all HWLA redeterminations in 2013 and to achieve the following goals:

- **Make it easier and more convenient for patients to redetermine.** Patients will no longer have to complete a redetermination application in-person to continue their HWLA coverage. This will also reduce long lines at the health clinics.
- **Process Redeterminations Faster.** A mail-in unit will make it faster for DHS and DPSS staff to identify and process a redetermination upon receipt.
- **Increase resources dedicated to HWLA enrollment.** Currently, redeterminations and new applications compete for review by DHS eligibility review staff. Because redeterminations must take priority in order to avoid disenrollment, this has created a backlog in new application processing that we hope to alleviate through the creation of a separate re-determination mail-in unit.
- **Increase the number of patients who are covered.** HWLA enrollment has remained at or near the 200,000 level since July 2012, in large part because the HWLA program has lost tens of thousands of HWLA matched members for failure to redetermine. Gains in new enrollments since July 2012 have been negated by the loss in redeterminations. Many patients do not wish to travel to their clinic when they are not sick just to fill out paperwork. DHS' goal is to increase HWLA enrollment to 300,000 by 2014. However, reaching this goal will not be possible unless we make it faster and more convenient for patients to renew their coverage.
- **Prepare patients for the Medi-Cal process.** Current Medi-Cal patients complete redeterminations through a mail-in process; DPSS has an overall retention rate of 75%. When HWLA patients transition to Medi-Cal in 2014, they will already be familiar with this process.

Beginning in January 2013, HWLA patients who need to renew their HWLA eligibility will receive a package that includes a mail-in application along with a postage paid envelope. Patients will also have the option to drop the completed application at their medical home. We will monitor the re-determination rate closely and adjust as needed.

HWLA Contract and Programmatic Updates: On December 18, 2012, your Board approved a number of programmatic and administrative enhancements that will mitigate the impact experienced by CPs with the newly instituted enrollment system (Your Benefits Now/LEADER). These enhancements align our collective efforts and allow us to focus our energy on enrolling as many HWLA eligible patients as we can before January 1, 2014. The contract amendments that the Board approved included an administrative payment for new enrollments and redeterminations (\$10 for newly processed HWLA matched applications and redeterminations), which we believe will assist with our target to enroll 300,000 HWLA matched patients by January 1, 2014. In addition, the contract amendments authorized the Department to pay clinics their full matched rate for all applications uploaded rather than requiring a reconciliation later, which will help alleviate many of the cash flow issues that clinics are experiencing while they wait for payment for health services rendered.

Overview of DPSS Support: DPSS staff has been critical with the HWLA enrollment process. For the past year, DPSS has greatly helped DHS in our efforts to enroll as many HWLA eligible individuals as we can. Our initial partnership with DPSS focused on auto-enrolling general relief patients into HWLA and the configuration and support of DPSS's enrollment system (Your Benefits Now/LEADER) to meet HWLA eligibility requirements. As previously outlined, we are now working together on the successful implementation of the HWLA redetermination mail-in unit and HWLA application processing. DPSS will continue to be instrumental in calendar year 2013 as we proceed with the second phase of our outreach, enrollment, and redetermination efforts and are confident that by working together we can reach our target enrollment goal of 300,000.

Outreach and Enrollment Strategy: Our initial FY 11-12 enrollment strategy was to enroll as many eligible DHS, CP and DMH patients as we could. We will continue these "in-reach" efforts in 2013. However, this year our education, outreach and enrollment efforts will also include "reach-out" methods. January 15, 2013 will kick-off the "Everyone on Board" campaign, in partnership with numerous advocacy groups, community clinics and County Departments. This campaign will focus on identifying, educating and even enrolling HWLA eligible individuals outside of the traditional clinical setting by reaching individuals within their own communities in areas such as churches, parishes, college campuses, and employment centers..

Your Benefits Now/LEADER Update: HWLA enrollment transitioned from Websphere to Your Benefits Now/LEADER (YBN/LEADER) on July 16, 2012. YBN/LEADER is an important technical improvement from the prior enrollment platform because it is a more user-friendly electronic based system and it integrates with multiple databases to assist with enrollment and application processing. YBN/LEADER will also facilitate an easier transition of the HWLA Matched population into Medi-Cal in 2014.

As mentioned in the previous Board memo, the YBN/LEADER transition was difficult for many clinics and a number of technical and non-technical issues had to be resolved. Working closely with DPSS, we have resolved many of the issues and anticipate that most of the enhancements will be completed by the end of this month. We have also worked together to add enhancements to the YBN program that will make it easier for staff to complete the application process.

HWLA application backlog is another issue that was exacerbated with the transition to YBN/LEADER system. While DHS staff was learning the new YBN/LEADER system, new application processing slowed down, which consequently impacted enrollment totals. This problem was exacerbated by the influx of redeterminations which began around the same time as the YBN/LEADER transition, as DHS eligibility staff had to re-direct their attention to processing redeterminations in order to avoid disenrollments. Finally, accidental data entry errors from DHS and CP staff completing applications meant that some applications were unable to move over to the YBN/LEADER system during the transition process. Fortunately, most of the data or missing data clean-up work is now done thanks to DPSS staff and resources dedicated to help DHS to tackle the backlog.

One key functional improvement of YBN/LEADER is the ability to generate automated redetermination notifications to HWLA Matched members. This includes a reminder notification to patients 60 days prior to the end of their eligibility period and a final notification 10 days prior to the end of the eligibility period. This function will dovetail with the new mail-in redetermination efforts by informing HWLA beneficiaries of the new mail-in option with the new letter generated by YBN/LEADER. Finally, DHS is exploring options to employ a vendor to make proactive calls to patients who need to renew their health care coverage in future months to ensure that patients received their paperwork and understand how and why to fill the redetermination application and send it back to DHS/DPSS.

Community Support: DHS entered into an exciting partnership with Neighborhood Legal Services (NLS) and Maternal and Child Health Access (MCHA) to offer a series of successful trainings on HWLA, other DHS coverage programs, and YBN/LEADER. With their support, more trainings could be offered in a shorter period of time. Trainings were provided to both DHS and CP staff and evaluations of the trainings were overwhelmingly positive. DHS, NLS and MCHA are now in the process of finalizing a user-friendly HWLA reference guide to be utilized by DHS and CP clinic staff when questions arise about HWLA and other coverage programs.

Update on General Relief Enrollment into HWLA Program: With consent from the State, we auto-enrolled eligible Los Angeles County General Relief (GR) recipients into the HWLA-Matched program on June 1, 2012. Since the beginning of June 2012, over 100,000 eligible GR recipients qualified for the HWLA-Matched program and have been auto-enrolled into the program. DHS is currently auto-enrolling approximately 1,500 new GR patients into the HWLA program each month. Another exciting development is the implementation of an auto-redetermination policy for the GR population: If a GR recipient has active GR the same month their HWLA redetermination is due, they will automatically be redetermined and covered for another 12 months without having to fill out any additional paperwork. This will be important as many of the GR/HWLA patients may not have an address that will alert them of the need for redetermination.

We continue to work closely with DPSS for the on-going auto-enrollment and redetermination process as well as with social service and community advocates to outreach to the GR population to help increase awareness about coverage and medical home options.

Due to both the transition to YBN/LEADER, redetermination volume, and the auto-enrollment of the GR population, HWLA Member Services has seen a 70% increase in calls. The number of calls increased from approximately 21,700 calls in June to 36,900 calls in August of 2012. For the

month of November 2012, we received around 33,200 calls to our call center and we continue to experience high volumes. This call volume does not include the calls that our clinics (DHS, CP and DMH) experience. The HWLA Member Services unit, as well as DHS and CP front line staff are working to educate patients and be responsive to questions such as how to enroll in HWLA, find a medical home, and HWLA benefits.

Next Steps: We received information from the State Low Income Health Plan (LIHP) administrator that it was time to begin planning for the LIHP transition. With our unique relationship with L.A. Care, we have already begun preliminary dialogue of how a potential transition will occur if and when L.A. Care manages the LIHP administrative functions. We will most likely mirror a similar process that was recently employed with the Community Health Plan/L.A. Care transition. DHS, the Community Clinic Association of Los Angeles County (CCALC), and L.A. Care have already convened a joint task force to ensure that the HWLA matched transition is seamless for patients, CPs and DHS and to ensure that we implement all necessary mechanisms to maintain the patient- provider relationship when and if the transition occurs.

Finally, DHS applied for and received a grant award in the amount of \$200,000 from the Blue Shield of California Foundation (BSCF) to ensure that LIHP patients will have continuity-of-care with their DHS specialists when the Medi-Cal expansion and Affordable Care Act implementation occurs in 2014. DHS, with the support of CCALC and L.A. Care, successfully submitted a proposal to secure technical assistance consultants to help DHS successfully implement the necessary contractual, fiscal, operational and technical requirements needed to integrate DHS' specialty healthcare providers with the Health Care LA Independent Physician Association (IPA), and AltaMed IPA by January 1, 2014.

We will keep the Board apprised of future developments and seek advice on policy issues as they arise.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES

The Los Angeles County Seniors and Persons with Disabilities (SPD) transition from Fee-For-Service to managed care Medi-Cal was completed on May 30, 2012. Over the 12 month period, 36,060 L.A. Care SPD members were assigned to DHS primary care providers. However, since many of the SPD patients that were auto-assigned to DHS had a prior relationship with a non-DHS provider, we have seen a number of formerly assigned DHS SPD patients transfer out of DHS' provider network. At the end of November 2012, there were 23,917 total DHS SPD patients. This is consistent with our analysis that found that nearly half the SPD patient population (~16,000) assigned to DHS did not use DHS primary or specialty care services. We are currently proactively outreaching to segments of DHS SPD patients who have not used DHS services. The purpose of this outreach is to re-affirm and welcome the SPD patients to DHS and connect them with L.A. Care should they choose to use non-DHS providers. Finally, DHS and L.A. Care staff continue to meet regularly and work collaboratively to improve care delivery, coordination and transition processes, as well as review our efforts to retain these patients.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult, a new approach and technology for specialty care access that has been shown to decrease the number of unnecessary face to face specialty visits. The eConsult platform enables primary care providers and specialists to exchange consultations in a "store and forward" manner. It is a proven specialty access intervention that has worked well in San Francisco, a cohort of L.A. Care private providers, as well as in other safety net and integrated delivery systems. We began the eConsult roll-out on July 18, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology and Obstetrics. As of the end of the 2012 calendar year, we have rolled-out eConsult to all DHS clinics and over 60 CP clinics. We have also added women's health and ophthalmology to the eConsult specialty network and plan to add Ear, Nose, and Throat; Endocrinology; Podiatry; Nephrology; Rheumatology; and Surgery in the near future. In addition to eConsult, we have collaborated with Kaiser to help develop a newly organized specialty scheduling unit. For the nearly 1,200 eConsults submitted, around 40% did not need a face to face visit. For those cases that have been vetted through an eConsult specialty reviewer, our staff have successfully outreached to most of the patients and were able to schedule over 700 appointments for patients. Thus far, the show rate is around 80- 90% for patients scheduled after an eConsult reviewer deemed that a face to face was necessary. This is significantly better than our traditional average show rate of 65-70% and has reduced the long wait time for new appointments when referred by the primary care provider. To ease the backlog and the long wait times experienced by patients, we have also worked with the referring primary care clinics to review prior specialty referrals to help reduce the existing backlog for each of the new specialties that are added to the eConsult system.

DELIVERY SYSTEM REFORM INCENTIVE POOL

DHS fully achieved 100% of the milestones for FY 2011-12, Demonstration Year (DY) 7. A detailed report was sent to the Department of Health Care Services (DHCS) in late September. As a result of 100% achievement of all DY7 milestones, DHS will receive all remaining incentive payments, totaling approximately \$59 million in net incentive funding from CMS. DHS is now actively working on achieving all milestones associated with DY8; the first semi-annual report will be submitted in March 2013, with expected payment for milestones achieved at the mid-year point in the Spring.

On January 9, 2013, DHS also successfully received CMS approval for the addition of a Delivery System Reform Incentive Pool (DSRIP) Category 5, which contains projects targeted at patients with HIV. Payment for reaching the agreed milestones will help to support the transition of Ryan White patients to the LIHP during FY 2012-13. The Category 5 plan benefits from extensive input of internal and external stakeholders as well as the HIV advocacy community. With the close assistance of the Division of HIV & STD Programs at DPH, implementation work has already begun in order to ensure that DHS meets upcoming deadlines.

NEXT STEPS

As directed by your Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next

status report is April 15, 2013. If you have any questions, please contact me or Dr. Alexander Li, Ambulatory Care Chief Executive Officer, at (213) 240-8344.

MHK:sr

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services

April 16, 2013

**Los Angeles County
Board of Supervisors**

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First District

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Second District

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Fourth District

Michael D. Antonovich
Fifth District

TO: Supervisor Mark Ridley-Thomas, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director



SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY
LA ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched program. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver).

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Programs. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA matched program, we had agreements with 54 CP agencies representing 154 clinic sites. With the Ryan White/HWLA transition and a recently completed Request for Information (RFI) process, our total non-DHS HWLA program network now consists of 63 CP agencies and 224 clinic sites.

Overall HWLA Enrollment: As of March 2013, our total enrollment of HWLA matched patients has increased to 244,885 individuals, up from about 215,000 enrollees in January 2013. As per our last HWLA quarterly report dated January 15, 2013, we have achieved this increase in enrollment through a combination of new enrollees, increased redetermination rate and working down the backlogged applications.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

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Fax: (213) 481-0503

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HWLA Redeterminations: The HWLA Redetermination Mail-in Unit has only been operational for over three months, but already has had tremendous success. The redetermination rate has more than doubled from the previous redetermination average of 20% to 50% for the month of March. DHS and DPSS are closely monitoring the progress of this unit to improve the redetermination rate and preparing to manage the workload of redetermining approximately 120,000 people over the next four months.

In addition to the three mail redetermination notifications to HWLA patients, our staff are diligently screening and reminding them to renew their HWLA application. We are also adding another intervention by setting up a proactive phone-banking outreach campaign to our patients whose eligibility are set to end over the course of the next eight months. This effort is supported by funds provided by Blue Shield of California Foundation. This added phone-banking outreach redetermination campaign effort went live and operational the week of April 15, 2013.

DPSS is also in the process of hiring an additional 30 eligibility workers to process the anticipated high volume of redeterminations. It is our goal to maintain and surpass the 50% redetermination rate over the next four months.

300,000 HWLA Member Goal and HWLA Enrollment Strategies: We have set a 300,000 enrollment goal for the HWLA program by January 1, 2014. One of the strategies to accomplish this goal is the "Everyone on Board" campaign, which DHS and the CEO launched on January 15, 2013. The campaign is an innovative partnership with Neighborhood Legal Services (NLS), Maternal and Child Health Access (MCHA), four County Departments (CEO, DHS, DPH, DPSS), and approximately 25 community based and advocacy groups, CP clinics and labor unions, including SEIU 721 and SEIU-UHW-West. Funded by the Blue Shield Foundation of California, "Everyone on Board" members are working together to outreach to individuals throughout Los Angeles County to make sense of coverage options under the Affordable Care Act, including but not limited to HWLA, and obtain clear information about how to obtain health care coverage and stay covered. In the coming months, "Everyone on Board" will work closely with the California Endowment on these efforts as well.

In addition to doing outreach about health coverage and HWLA, the "Everyone on Board" Campaign will be building upon recent innovative partnerships with community-based organizations such as One LA and We Care Enough to Act who recently partnered with DHS to do HWLA enrollments outside of the traditional clinical setting by reaching individuals within their own communities and in local churches and parishes. Building upon this model, the Blue Shield funding will allow approximately 200 additional DPH Children's Health Outreach Initiative (CHOI) Certified Application Assistants (CAAs) to be trained and deployed to take HWLA applications in clinic and non-clinic settings throughout Los Angeles. DHS believes that adding new enrollment sites and access points throughout the County will help increase opportunities for eligible individuals to learn about HWLA and enroll. Finally in addition to these efforts, the "Everyone on Board" Campaign is also working on developing messaging and strategies to educate patients and County staff about the upcoming LIHP transition.

HWLA Contract and Programmatic Updates: On December 18, 2012, the Board approved a number of programmatic and administrative enhancements that will mitigate the impact experienced by CPs with the newly instituted enrollment system (Your Benefits Now/LEADER). The Department has begun paying CPs the full matched rate and the \$10 administrative payment.

In addition, we were recently directed by the State to provide eligible HWLA matched patients with breast cancer screening and diagnostic services that was previously funded by the State's Every Woman Counts (EWC) Program. Through a collaborative partnership with the CPs, we have been working on a process to try and ensure that access is readily available through our DHS and CP clinics for breast cancer screening and diagnostic services in the absence of EWC coverage for these individuals.

HWLA Patient Billing: A HWLA matched patient should not be billed for non-urgent health care services that are delivered within the DHS HWLA network. However, there are a couple of scenarios when a patient may receive a bill. For example, when a HWLA application's approval is pending, when a HWLA matched patient receive services at a non-DHS or CP site, or when a HWLA matched patient forgets to show his or her HWLA identification card to a non-HWLA network provider. We have informed staff and clients that until their HWLA application is approved, DHS is unable to guarantee payment for the bill. However, once the HWLA application is approved, coverage will begin at the start of the application. In all of the above scenarios, we have a process in place to examine and help alleviate (when appropriate) the financial burden for HWLA matched patients should they receive a bill.

DHS and DPSS Partnership: DPSS leadership and staff continue to play a critical role with the HWLA enrollment process. For the past year, DPSS has invested significant resources to help DHS enroll as many HWLA eligible individuals as possible. This also helps connect DPSS staff with HWLA patients and put them on a pathway to Medi-Cal in 2014. Our initial partnership with DPSS focused on auto-enrolling General Relief patients into HWLA and use of DPSS's enrollment system (Your Benefits Now/LEADER) for HWLA patients. This partnership has further resulted in the two departments working together to implement the HWLA redetermination mail-in unit and reinforcing the DHS workforce to work through the HWLA application backlog and help co-manage the HWLA application processing.

In addition to DHS staff, several hundred DPSS eligibility workers and clerks are working every Saturday to help process the large number of HWLA applications submitted by both CP clinics and DHS facilities. In addition, a team of 10 clerks work full time during the week to clear HWLA applications by removing duplicate applications and ensuring the HWLA applicant does not have existing Medi-Cal coverage. We anticipate clearing the backlog by the end of April 2013, but DPSS eligibility workers will continue to process HWLA applications to ensure no new backlog is created.

DHS appreciates the support from DPSS and is working on a mechanism to ensure that DPSS is reimbursed for its administrative, enrollment and application processing support for increasing health coverage expansion for previously uninsured Los Angeles County residents.

LIHP Transition and Critical Crossroad: In addition to the important work being done to maintain and expand enrollment, DHS has also partnered with L.A. Care, DPSS and the Community Clinic Association of Los Angeles County (CCALAC) to begin planning for the rapidly approaching January 1, 2014 LIHP transition date. We have outlined a number of key areas that need to be addressed or advocated for in order for a smooth LIHP to Medi-Cal transition to occur. One of the most critical pieces required is clear guidance and engagement from the State on the transition process, including but not limited to, communication with LIHP enrollees, data and information transfer from DPSS' LEADER system to the State Medi-Cal enrollment system, clarity on potential new LIHP to Medi-Cal transition rules, and the time frame for the transition plan. To date, legislation authorizing the transition and establishing the framework has not been passed or signed. As a result, there is little guidance available from the State regarding the LIHP to Medi-Cal transition at this time. DHS is outreaching to the State through a number of channels and is working with the California Association of Public Hospitals, other LIHP counties and health advocates to highlight our concerns.

Despite lacking clear guidance from the State, the Department is moving forward in our own internal planning as much as possible. We are regularly meeting with L.A. Care to discuss how L.A. Care can begin managing some LIHP administrative functions, so that both DHS and L.A. Care can best ensure a smooth transition for patients. We will most likely mirror a similar process that was employed with the Community Health Plan/L.A. Care transition. In addition, we are working with L.A. Care, SEIU 721, and the CCALAC on a joint communication plan for patients, employees and CP staff well in advance of the transition date. We are working together to ensure that the HWLA transition is as seamless as possible for patients, CPs and DHS with the goal of maintaining the patient and provider relationship when the transition occurs. Despite our local efforts, we will need the State's participation in the transition process in order to carry out the LIHP transition.

We will keep the Board apprised of future development and seek advice on policy issues as they arise.

ENROLLMENT OF SENIORS AND PERSONS WITH DISABILITIES (SPDs)

There are no significant updates regarding the SPDs. The Los Angeles County SPD transition from Fee-For-Service to managed care Medi-Cal was completed on May 30, 2012. Over the 12 month period, 36,060 L.A. Care SPD members were assigned to DHS primary care providers. However, since many of the SPD patients that were auto-assigned to DHS had a prior relationship with a non-DHS provider, we have seen a number of formerly assigned DHS SPD patients transfer out of DHS's provider network. At the end of March 2013, there were 26,362 total DHS SPD patients and about 3,000 more SPDs since the last quarterly report. We are still proactively outreaching to segments of DHS SPD patients who have not used DHS services. The purpose of this outreach is to re-affirm and welcome the SPD patients to DHS and connect them with L.A. Care should they choose to use non-DHS providers. Finally, DHS and L.A. Care staff continue to meet regularly and work collaboratively to improve care delivery, coordination and transition processes, as well as review our efforts to retain these patients.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We began the eConsult roll-out on July 18, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology and Obstetrics. As of the end of the 2012 calendar year, we have rolled-out eConsult to all of DHS clinics and around 60 CP clinic sites. Taken together, over 700 primary care providers have received training and log-in information for the eConsult platform. We have also added Women's Health and Ophthalmology to the eConsult specialty network and plan to add Ear, Nose and Throat; Endocrinology; Podiatry; Nephrology; Rheumatology; and Surgery in the near future. In addition to eConsult, we have collaborated with Kaiser to help develop a newly organized specialty scheduling unit. For the nearly 6,000 eConsults exchanged, around 2,700 patients needed a face-to-face visit. Thus far, the show rate is around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70% and the long wait time for new appointments when referred by the primary care provider. To ease the backlog and long wait times experienced by patients, we are also working with the referring primary care clinics to review prior referrals and therefore reduce the existing backlog for each of the new specialties that are added to the eConsult system.

In addition, the Department continues to work closely with Health Management Associations, Health Care LA Independent Physicians Association (IPA) and Altamed IPA to establish the contractual, billing and referral mechanisms necessary to ensure that HWLA and other Medi-Cal patients have access to DHS specialty care providers in a managed care environment after January 1, 2014. Steady progress continues to be made on all fronts.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

DHS submitted the first semi-annual Demonstration Year (DY) 8 report in March 2013. DHS reported mid-year progress in achieving performance improvement milestones across each of the five DSRIP categories, totaling approximately \$252 million in net incentive payments that DHS will receive. DHS is now actively working on achieving the balance of the DY8 milestones by the end of the performance year.

NEXT STEPS

As directed by the Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is July 15, 2013. If you have any questions, please contact me or Dr. Alexander Li, DHS Ambulatory Care Chief Executive Officer, at (213) 240-8344.

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Executive Office, Board of Supervisors

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Fifth District

July 17, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

**SUBJECT: QUARTERLY STATUS REPORT ON HEALTHY WAY LA
ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

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On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched program. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates.

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Network Background: On June 14, 2011, the Board approved the new HWLA agreements with Community Partners (CPs) covering HWLA Matched and Unmatched Programs. This new agreement replaced the previous Public-Private Partnership Program, HWLA and SB 474 contracts.

Network Update: At the start of the HWLA matched program, we had agreements with 54 CP agencies representing 154 clinic sites. With the Ryan White/HWLA transition and a recently completed Request for Information (RFI) process, our total non-DHS HWLA program network now consists of 63 CP agencies and 229 clinic sites.

Overall HWLA Enrollment: As of July 1, 2013, our total enrollment of HWLA matched patients is 245,743 individuals. Overall enrollment has held steady in the past quarter, as losses in redeterminations were offset by new enrollments and auto-enrollments.

DHS and Department of Public Social Services (DPSS) Partnership: DPSS and DHS, under the leadership of the CEO's office, continue to meet bi-weekly to: (1) closely monitor new pending applications and the work of

the Redetermination Mail-in Unit and (2) discuss new strategies to increase enrollment and retention. In total, DPSS has 50 staff (eligibility workers and clerks) working part or full time on HWLA application or redetermination processing. DHS appreciates the support from DPSS and continues to work through what are claimable LIHP administrative costs and to identify any gaps or shortfalls.

We are pleased to report that the backlog in HWLA applications from last calendar year was cleared at the end of April 2013, thanks in large part to several hundred DPSS eligibility workers. Since then, DPSS has continued to use a modest amount of overtime to ensure that new pending HWLA applications from the current year are dispositioned within a reasonable time frame. We are also pleased to report that a typical new HWLA application is now being processed within 45 days, which is very close to the Medi-Cal standard.

The HWLA Redetermination Mail-in Unit continues to average a greater than 50% success rate for redeterminations; up from 20% in 2012. To date, over 35,000 redeterminations have been received by the mail-in unit. Starting in the month of May 2013, DPSS added additional eligibility workers to help handle the higher volume of redeterminations. There are now 18 full-time eligibility workers working on HWLA redeterminations. In addition, there are eight full-time eligibility workers who shift between redeterminations and new applications, depending on workload needs.

Our proactive phone-banking outreach campaign, led by GroundWorks, was completed at the end of June 2013. The goal was to outreach to those who needed to redetermine in May, June, and July, in particular the General Relief (GR) population. In total, 14,099 individuals were reached by telephone, with 6,165 (44%) redeterminations initiated by telephone. The vast majority of those called (7,778 individuals or 55%) were still on GR during their HWLA redetermination month and therefore were auto-redetermined. These individuals, were unaware they had HWLA and this phone call was their first interaction with the program. The importance of this telephone contact is underscored by the following anecdote:

One of the HWLA members on the redetermination list was sitting in an emergency room when she received the GroundWorks call. She had put off seeing a doctor until her condition was unbearable because she was unaware she had coverage and could see a doctor for free. She had been waiting in the ER, worrying about how she was going to pay the emergency room costs. When the GroundWorks caller informed her that she had no-cost healthcare coverage through HWLA and just needed to complete the re-determination to keep it, the woman cried and cried telling the caller that it was a miracle.

Additional HWLA Enrollment Strategies:

DHS and DPSS are pursuing outreach strategies to target re-enrollment of HWLA members who have lost coverage for failure to redetermine over the past 15 months. DHS has specifically created an application for these individuals that will be mailed out in early August 2013. In addition, DHS has created an application for new enrollment, specifically for individuals that have not previously applied or accessed our system. DHS and DPSS will

target the mailing to In-Home Supportive Service (IHSS) providers who do not qualify for health coverage because they do not meet the minimum work hour requirement. For both populations, DPSS is creating a staffing plan to process any applications received by mail. The goal of both these targeted outreach efforts is to increase the number of people covered by HWLA without increasing the workload or foot traffic in DHS or CP facilities just for enrollment into the program.

The "Everyone on Board" campaign, which DHS and the CEO launched on January 15, 2013, continues to meet regularly. A primary goal is to plan and implement outreach tactics to reach individuals throughout Los Angeles County to make sense of coverage options under the Affordable Care Act, including but not limited to HWLA, and obtain clear information about how to obtain health care coverage and stay covered. The "Everyone on Board" Campaign is also working on developing messaging and strategies to educate patients and County staff about the upcoming LIHP transition. There are a number of consumer and staff-focused material that are being finalized and will be ready for dissemination over the next few weeks.

HWLA training was successfully completed for approximately 200 additional DPH Children's Health Outreach Initiative (CHOI) Certified Application Assistants (CAAs). This was funded through the Blue Shield of California Foundation and conducted by "Everyone on Board" members: Neighborhood Legal Services (NLS) and Maternal and Child Health Access (MCHA). These CAAs are now ready and able to take HWLA applications in clinic and non-clinic settings throughout Los Angeles. DHS believes that adding new enrollment sites and access points throughout the County will help increase opportunities for eligible individuals to learn about HWLA and enroll.

LIHP Transition and Critical Crossroad:

Since the last quarterly report, the Governor and California Legislature jointly adopted the Medi-Cal expansion bills, which implement various provisions of the federal Affordable Care Act, including changes to the Medi-Cal program and the HWLA program (the County's LIHP). As a result, individuals who are enrolled in HWLA as of December 31, 2013 will be directly transitioned into Medi-Cal. The legislation provides guidance on major policy decisions related to the transition. At the same time, DHS continues to work closely with the State Department of Health Care Services, the County LIHP partners throughout the State, the California Association of Public Hospitals and Health Systems, DPSS, the Community Clinic Association of Los Angeles County (CCALAC), and other health advocates on the specific implementation and operational aspects outlined in the expansion bills to ensure that the transition to Medi-Cal is seamless for HWLA enrollees and that the County has maximum flexibility to help support this critical transition. Recognizing the important role that client eligibility and enrollment data will play in the transition of HWLA enrollees to Medi-Cal, DHS and DPSS are working to ensure that data contained in our local databases (both DHS and DPSS) is consistent and that this data matches client level data maintained in the State's Medi-Cal Enrollment Data System (MEDS).

DHS has two major workgroups established related to operations and communication issues. In anticipation of a late September communication to all LIHP participants, DHS is planning to launch a revised version of the HWLA website (<http://dhs.lacounty.gov/hwla>) several weeks prior to this first notification to highlight information about the transition. DHS is also scheduling trainings across its facilities with key staff starting in mid-August, continuing through the and potentially into. Key staff includes registration and financial services, member services, administration, nursing, and physicians as well as others to ensure all levels of staff are educated and prepared for the transition.

We will keep the Board apprised of future developments and seek advice on policy issues as they arise.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We began the eConsult roll-out on July 18, 2012 with the following group of specialties: Cardiology, Dermatology, Neurology and Obstetrics. Since then, we have added Women’s Health, Ophthalmology, Gastroenterology, Nephrology, Podiatry, and Urology; for a total of 10 specialties on eConsult. There are plans to add Ear, Nose and Throat; Endocrinology; Rheumatology; Surgery; Hepatology; and Echocardiogram ordering in the near future.

As of the end of the 2012 calendar year, we had rolled-out eConsult to all of DHS clinics and 60 CP clinic sites. Taken together, over 700 primary care providers were trained. Since then, we are pleased to report that there are now over 1,000 primary care providers across DHS and CP facilities utilizing eConsult for their patients. As of July 2013, over 20,000 eConsults have been exchanged through the system. The show rate remains around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70%.

In addition, the Department continues to work closely with Health Management Associations, Health Care LA IPA and Altamed IPA to establish the contractual, billing and referral mechanisms necessary to ensure that HWLA and other Medi-Cal patients have access to DHS specialty care providers in a managed care environment after January 1, 2014. Steady progress continues to be made on all efforts.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

With the close of Demonstration Year (DY) 8 on June 30th, DHS is now actively engaged in collecting and analyzing the data that documents our performance on the milestones across each of the five DSRIP categories. DHS will complete and deliver the final DY8 report by September 30, 2013. Building on our strong DY8 mid-year performance in which we successfully received over \$250 million in incentive payments, DHS anticipates that our data

will show a high-level of attainment on the balance of the DY8 milestones. We look forward to reporting back to the Board with more details in the next HWLA quarterly report.

NEXT STEPS

As directed by the Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is October 15, 2013. If you have any questions, please contact me or Tangerine Brigham, Deputy Director of Managed Care Services, at (213) 240-8182.

MHK:jp

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services



Health Services

LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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Fourth District

Michael D. Antonovich
Fifth District

October 16, 2013

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.
Director

A. Mahajan

SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY
LA ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
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Overall HWLA Enrollment: As of October 1st, our total enrollment of HWLA matched patients was 275,338 individuals. Overall enrollment has grown in the past quarter; as losses in redeterminations were outpaced by new enrollments and auto-enrollments. DHS is on target to meet its goal of enrolling 300,000 members into HWLA by December 2013.

DHS and DPSS Partnership: LA County received State approval to defer the redeterminations of HWLA members due to renew in October,



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November or December 2013. As a result, starting on October 1, 2013, there were no new redeterminations for the HWLA mail-in redetermination unit to process. Over the course of the nine-month project between Department of Public Social Services (DPSS) and DHS, the unit processed over 43,000 redeterminations, alleviating a significant burden on our facilities and clinics and improving our redetermination success rate to an average of 45%.

This unit has shifted focus to work on processing new enrollments and re-enrollments. DHS created an application for new enrollment, specifically for individuals that have not previously applied or accessed our system. In addition, DHS and DPSS are pursuing outreach strategies to target re-enrollment of HWLA members who have lost coverage for failure to redetermine over the past 15 months. DHS specifically created and mailed out a streamlined application for these individuals during the month of September. Lastly, DHS and DPSS targeted over 30,000 In-Home Supportive Service (IHSS) providers who do not qualify for health coverage because they do not meet the minimum work hour requirement via mail. The goal of these targeted outreach efforts is to increase the number of people covered by HWLA without increasing the workload or foot traffic in DHS or CP facilities just for enrollment into the program.

This new application is also being utilized to target other likely eligible residents of Los Angeles who are low-wage or part-time workers, such as taxi drivers, artists, and child care workers. DHS is working closely with SEIU 721 to identify additional populations. The application is available on the DHS website in both English and Spanish for the general public.

Additional HWLA Enrollment Strategies:

Two DHS facilities, LAC+USC Medical Center and the High Desert Multi-Ambulatory Care Center, are investing additional resources to conduct weekly HWLA enrollment events on Saturdays that are open to the public. The goal of these weekly enrollment events is to create additional access points for people to apply for HWLA, even if they do not immediately need care, or have an appointment at one of our facilities.

The "Everyone on Board" coalition, which DHS and the CEO launched on January 15, 2013, continues to both expand its membership and meet regularly. The coalition is comprised of representatives from DHS, DPSS, DMH, DPH, and about 45 advocacy groups around the County. The coalition is now focusing its efforts on organizing community outreach and enrollment events on the Affordable Care Act (ACA) throughout Los Angeles County, with the goal of helping individuals understand health care reform within their own communities and to help people enroll in a coverage program under the ACA. The coalition is organizing outreach events large and small throughout the County, from appearing at book fairs to organizing town hall events. DHS also participated in a health care reform training for Los Angeles City and County librarians, so that libraries are prepared to answer questions and provide information to patrons related to the ACA. A master calendar of all health care reform and enrollment events, whether organized by "Everyone on Board" members or other organizations, will be posted on the DHS website under the new "Health Care Reform and You" page shortly. In addition, the coalition is working in partnership with the Department of Consumer Affairs to develop

materials to help people both avoid and report health care reform related fraud that has already begun to be reported.

The coalition's "Health Care Reform and You" brochure has been provided to all clinics and hospitals throughout the DHS system and is being used throughout the County. It has also been translated into Spanish, Chinese, Armenian, Korean and Tagalog. The brochures are available on the "Health Care Reform and You" page on the DHS website (<http://dhs.lacounty.gov/wps/portal/dhs/healthreformandyou>) and will be uploaded to the LA County Helps website soon.

LIHP Transition and Critical Crossroad:

Member Communication

On October 1, 2013, the "General Transition Notice", created by the State Department of Health Care Services (DHCS) was sent out to all enrolled HWLA members by DHS. This letter is the first official communication HWLA members will receive about the HWLA to Medi-Cal transition. It informs them that they can keep their current provider and medical home (in almost all cases), that there are not changes to their current benefits and no immediate action is required on their part. It also provides contact information if they have additional questions. For the larger DHS facilities, we also included a campus map with the member services location(s) where they could go in-person to ask questions. This letter is the first of seven pieces of correspondence HWLA members will receive about the transition over the next four months.

This letter will be posted, in multiple languages, on the HWLA website under the "Transition to Medi-Cal" section. The revised version of the HWLA website (<http://dhs.lacounty.gov/hwla>) went live on schedule during the last week of August. The site will continue to be updated with additional information about the transition and several of the pages are currently being translated into Spanish.

In addition to receiving the letters, DHS will be conducting several automated telephone calls to all HWLA members with a valid phone number about the transition to Medi-Cal. These are scheduled to occur during the months of October, November and December. Each month the information in the outbound call will inform them about the correspondence they will receive that month, what to do if they do not receive the correspondence, who to call if they have questions, and remind them that they do not need to take any action if they want to keep their existing provider. The goals of the calls are to reiterate the keys messages around the transition, to provide reassurance, to reach members who are homeless, and to contact members who did not receive the correspondence.

Staff Trainings and Facility Readiness

During the last two weeks of August 2013, 18 web-based trainings targeted for key front-line registration and financial services staff at both DHS and DMH facilities were conducted on the HWLA transition to Medi-Cal. An estimated 800 people were trained through this process.

During the month of September, approximately 40 in-person trainings were held at DHS facilities during regularly scheduled leadership and staff meetings, reaching over 1,000 staff from all levels and classifications such as nurses, physicians, lab technicians, pharmacists, clerks, medical record coders, financial services, member services and registration. There are currently 20 additional in-person trainings scheduled at additional DHS facilities this month.

In addition, HWLA staff did an all-day training at LAC+USC Medical Center on September 30, 2013 with presentations every hour, on the hour, starting at 6 am and ending at 7:00 p.m. Approximately 700 people attended throughout the day. Similar all-day trainings will be conducted at Harbor-UCLA Medical Center and Olive View-UCLA Medical Center during the month of October. During the month of September 2013, five trainings (three web-based and two in-person) were held for the Community Partners and three trainings were provided to DMH staff.

The first set of transition informational materials has been finalized and is currently being printed. They include large and small posters for the facilities to display, a quick reference guide for staff to use in conversation with patients, and brochures for patients. The target date for delivery to DHS, DMH and CP facilities is late-October.

Health Plan Coordination

DHS continues to meet regularly with the health plans (L.A. Care and Health Net) to discuss issues related to medical home assignment and continuity of care. L.A. Care and DHS are also working directly with a very small number of CP clinics who do not have managed care contracts with either L.A. Care or Health Net to ensure a smooth transition for these patients (affecting approximately 150 HWLA patients). In addition, L.A. Care and DHS have retained full-time project management consultants to assist in the transition to ensure that all internal and State deadlines are met throughout the transition period. We will keep the Board apprised of any future developments.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, CPs, and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers and specialists to exchange consultations in a “store and forward” manner. We began the eConsult roll-out on July 18, 2012. As of October 11, 2013, we currently have the following 13 specialties on eConsult: Cardiology, Dermatology, Diabetes, Endocrinology, Gastroenterology, Gynecology, Hepatology, Nephrology, Neurology, Obstetrics, Ophthalmology, Podiatry, and Urology. To date, over 1,200 primary care providers have been trained and are using the eConsult system, which includes all 40 of the DHS facilities and 92 CP clinic sites. More than 36,000 eConsults have been exchanged through the system. The show rate remains around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70%.

In addition, the Department continues to work closely with Health Management Associates, Health Care LA IPA and Altamed IPA to establish the contractual, billing and referral

mechanisms necessary to ensure that HWLA and other Medi-Cal patients have access to DHS specialty care providers in a managed care environment after January 1, 2014. Steady progress continues to be made on all efforts.

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

As you know, an important component of the Section 1115 Medicaid Waiver is the Delivery System Reform Incentive Program (DSRIP), a pay-for-performance initiative that challenges public hospital systems to meet specific benchmarks related to improving health care access, quality and safety and outcomes. On September 30, 2013, DHS successfully delivered the final report on Demonstration Year (DY) 8 (July 2012 through June 2013) of the program. There are five major DSRIP program categories, which include: improving our system's infrastructure to provide care, implementing innovations such as the medical home and co-located mental and physical health clinics, measuring population health, improving clinical inpatient quality, and optimizing the delivery of HIV care. DHS successfully surpassed performance targets on 62 of 64 milestones yielding approximately \$269.5M in incentive payments.

Also in the past few months, the Centers for Medicare & Medicaid Services (CMS) and the State have worked with DHS and other public hospital systems in conducting a mid-point assessment of the DSRIP. As part of this assessment, CMS and the State have developed a revised methodology for setting benchmarks for improvement in the inpatient quality projects (Category 4) for DY9 and DY10. The new methodology sets more aggressive improvement targets based on available national and state benchmarks. In addition, CMS encouraged health systems to set even higher performance targets for other category projects in DY9 and DY10 as well. DHS is working hard to meet these new milestone benchmarks in the final two years of the program. We look forward to reporting back to the Board on our progress when we prepare our DY9 mid-year report in March 2014.

NEXT STEPS

As directed by the Board, DHS will continue to provide quarterly reports regarding HWLA enrollment trends and the status of implementing the 1115 Waiver. The target date for the next status report is January 15, 2013. If you have any questions, please contact me or Tangerine Brigham, Deputy Director of Managed Care Services, at (213) 240-8182.

MHK:jp

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services



Health Services

LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

January 16, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM:  Mitchell H. Katz, M.D.
Director

SUBJECT: **QUARTERLY STATUS REPORT ON HEALTHY WAY
LA ENROLLMENT AND THE 1115 MEDICAID WAIVER**

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Deputy Director, Strategic Planning

On June 14, 2011, the Board instructed the Chief Executive Officer (CEO) and the Director of Health Services (DHS) to report back in 90 days and monthly thereafter with data regarding enrollment trends in the Healthy Way LA (HWLA) Matched program. On November 16, 2010, the Board directed the CEO, the Interim Director of DHS, and the Directors of Mental Health (DMH) and Public Health (DPH) to report back to the Board within 30 days and monthly thereafter on a proposed plan to implement the Medicaid Waiver (Waiver). This report is in response to both motions and has become quarterly in order to provide more substantive updates.

HWLA – LOW INCOME HEALTH PROGRAM (LIHP)

Program Termination

California's Low Income Health Program (LIHP) ended at 11:59 pm on December 31, 2013 consistent with the provisions of the State's "Bridge to Reform" 1115 Medicaid Waiver Demonstration Project. Los Angeles County's LIHP program, known as HWLA Matched, thus ended at the same time. Uninsured county residents are no longer able to enroll into HWLA Matched because HWLA enrollees were transitioned to Medi-Cal as of January 1, 2014.

HWLA Enrollment and Medi-Cal Transition

As of the end of December 2013, the State notified DHS that there were 304,117 HWLA members officially enrolled in the program, according to their records (i.e., Medi-Cal Electronic Data System). The vast majority of these members were successfully and smoothly transitioned to Medi-Cal managed care where they were enrolled into a

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

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health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
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health plan (either LA Care Health Plan or Health Net). Anyone who was enrolled in the State's database by December 20, 2013 automatically transitioned into Medi-Cal managed care. Anyone enrolled after that date was transitioned temporarily into fee-for-service Medi-Cal and will eventually transition into Medi-Cal managed care consistent with the regular managed care enrollment process and timeframe. DHS is working closely with the State to address any HWLA members who may not have transitioned. DHS along with the Department of Public Social Services (DPSS) will continue to work diligently to disposition all remaining pending cases as quickly as possible. In addition, DHS is working closely with the health plans to ensure that HWLA enrollees who have transitioned into Medi-Cal and need continuity of care are able to continue receiving services from their providers pursuant to continuity of care provisions.

DHS and DPSS Partnership

Much of the success of the HWLA program enrollment strategy is due to the strong collaboration between DHS and DPSS. As noted above, DHS and DPSS will continue their partnership to disposition all remaining HWLA pending cases.

OUTREACH ACTIVITIES

HWLA

Focus on HWLA enrollments continued up until the end of the program, with community-based enrollment events occurring until the end of December. With the termination of the HWLA program and the transition of the population into Medi-Cal, DHS and the Everyone on Board Coalition are turning its attention to outreach and enrollment in Medi-Cal and Covered California throughout Los Angeles County for 2014. The Everyone on Board Coalition has grown to include almost 50 organizations and four County departments.

Medi-Cal

The State Department of Health Care Services (DHCS) in partnership with The California Endowment (TCE) both contributed \$12.5 million in funding to support Medi-Cal outreach efforts and enrollment, for a total of \$25 million available statewide to counties. The outreach and enrollment activities are targeted to eligible populations that are not yet enrolled into Medi-Cal, such as: (1) persons with mental health or substance use disorder needs, (2) homeless persons, (3) young men of color, (4) persons in county jail (upon release), county probation, or under post release community supervision, (5) families of mixed-immigration status, and (6) persons with limited English proficiency.

Los Angeles County submitted a grant application in November 2013 and requested a total of \$10 million for this grant. The application was a joint effort between the departments of DPH, DHS, DMH, DPSS, and the Sheriff. Through the combined effort

of these five Departments, Los Angeles County intends to reach all seven target populations. It is anticipated that grant funds will be awarded before the end of January 2014.

Consumer Protection

The expansion in the availability of health care insurance has the potential to lead to others taking advantage of unsuspecting people, especially younger and older populations. DHS in partnership with the Los Angeles Department of Consumer Affairs (DCA) and key Everyone on Board advocacy groups, created an easy-to-read brochure in English and Spanish that helps individuals enrolling in health coverage suspect, identify and report fraud. The materials highlight important facts such as: (1) it is always free to apply for health care, (2) never give your credit card numbers, bank account numbers, passwords or PIN numbers to strangers, (3) never provide personal health information, (4) Medicare recipients do not need supplemental health coverage and (5) the importance of asking for the identification of enrollers. These materials are being distributed at community-based events and DCA offices, and are also available on the DHS website: <http://dhs.lacounty.gov/wps/portal/dhs/healthreformandyou/>.

IMPROVING PRIMARY CARE LINKAGE AND SPECIALIST ACCESS

DHS, Community Partners (CPs), and L.A. Care continue to work together to deploy eConsult. The eConsult platform enables primary care providers (PCPs) and specialists to exchange consultations in a "store and forward" manner. We began the eConsult roll-out on July 18, 2012. As of December 31, 2013, we currently have the following 16 specialties on eConsult: Cardiology, Dermatology, Diabetes, Endocrinology, Gastroenterology, Gynecology, Hematology, Hepatology, Nephrology, Neurology, Obstetrics, Ophthalmology, Otolaryngology (ENT), Podiatry, Rheumatology, and Urology. DHS is making steady progress to add additional specialties and we expect the majority of remaining specialties to be on eConsult by the end of June 2014.

At the end of last calendar year, 1,488 primary care providers have been trained and are using the eConsult system, which includes all 40 of the DHS facilities and 118 CP clinic sites. As of December 31, 2013, more than 52,000 eConsults have been exchanged through the system. We are currently seeing an average of 1,400 eConsults every week.

Between January and June of 2014, we anticipate bringing on all the remaining CP clinic sites, which will add approximately 100 additional PCP submitters. The show rate remains around 80 to 90% for patients scheduled after an eConsult reviewer deemed that a face-to-face was necessary. This is significantly better than our traditional average show rate of 65 to 70%.

The positive impact of eConsult is being expressed by our CPs. One of the CP Medical

Directors recently remarked that "eConsult has been literally transformative in many problem areas".

DELIVERY SYSTEM REFORM INCENTIVE POOL (DSRIP)

As you know, an important component of the Section 1115 Medicaid Waiver is the Delivery System Reform Incentive Program (DSRIP), a pay-for-performance initiative that challenges public hospital systems to meet specific benchmarks related to improving health care access, quality and safety and outcomes. There are five major DSRIP program categories, which include: improving our system's infrastructure to provide care, implementing innovations such as the medical home and co-located mental and physical health clinics, measuring population health, improving clinical inpatient quality, and optimizing the delivery of HIV care.

After a successful Demonstration Year (DY) 8 (July 2012 through June 2013) in which DHS surpassed performance targets on 62 of 64 milestones, clinical leadership at the hospitals and ACN are developing new strategies for meeting even more ambitious performance targets set by CMS in DY9. Also new in DY9, DHS is initiating an inpatient project that improves stroke management. We look forward to reporting back to the Board on our progress when we prepare our DY9 mid-year report in March 2014.

CONCLUSION

The HWLA program has now successfully come to an end, therefore, this will be the last Quarterly HWLA report. We will keep the Board apprised of future developments regarding the Waiver via the regular Affordable Care Act reports to the Board. If you have any questions, please contact Tangerine Brigham, Deputy Director of Managed Care Services, at (213) 240-8182 or Christina Ghaly, Deputy Director of Strategic Planning at (213) 240-7787.

MHK:TB:jp

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health
Department of Public Health
Department of Public Social Services